

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Joseph A. C. Trudeau Sex, Male Color, WhiteDate of Death, Jan 9 1900 189 9; Age, — Years, 5 Months, 1 Days.Maiden Name, (If married, widowed or divorced.)Husband's Name, —Single, Married, Widowed or Divorced, — Occupation, —*Residence, (If out of town, also state fully) Newton Junction N. H.Place of Birth, Newton Junction N. H.*Place of Death, North Chelmsford MassName of Father, Wm TrudeauBirthplace of Father, CanadaMaiden Name of Mother, Mary GauthierBirthplace of Mother, CanadaPlace of Interment, (Give name of Cemetery), St Joseph Chelmsford MassDated at LowellSignature and
place of business
of Undertaker.on January 9 1900Joseph Albee
57 Cheever

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Joseph A C Trudeau Age, — Y. — M. 5 D. 1Place and Date of Death, died at North Chelmsford Jan 9th 1900Disease or Cause of Death, ‡ Tubercular MeningitisDuration of sickness, About one month

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.F & Varney M. D.North Chelmsford MassDate of Certificate Jan 9th 1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

at

Date,

Filed,

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

121

REC

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Elizabeth B Hall Sex, Female Color, W

Date of Death, January 18 ¹⁹⁰⁰ ~~189~~; Age, 33 Years, 11 Months, — Days.

Maiden Name, { If married, widowed or divorced. } Elizabeth Hoster

Husband's Name, Philander Hall

Single, Married, Widowed or Divorced, Married Occupation, Housewife

*Residence, { If out of town, also state fully. } Chelmsford

Place of Birth, Rockland, Maine

*Place of Death, Chelmsford

Name of Father, _____

Birthplace of Father, _____

Maiden name of Mother, _____

Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford Signature and place of business of Undertaker. { Walter Perlman
on January 18 ¹⁹⁰⁰ ~~189~~ Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Elizabeth B. Hall Age, 33 Y. 11 M. — D.

Place and Date of Death, ‡ died at Chelmsford, Mass. Jan. 18th ~~189~~ 1900.

Disease or Cause of Death, § Atrophic Cirrhosis of Liver

Duration of sickness, nine months to one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Edward H. Chamberlain M. D.
Chelmsford, Mass.

Date of Certificate, January 19th ¹⁹⁰⁰ ~~189~~.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

No.....

To the Clerk of the City or Town in which the death occurred.

Signature and
place of business
of Undertaker.

Dec 193

No.

RETURN OF THE DEATH.

OF

at

Date, ...

Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

body

123

Rec

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William Bremner Sex, M Color, W
 Date of Death, January 24 ¹⁹⁰⁰ 189 ; Age, 63 Years, 11 Months, 1 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Married Occupation, Farmer
 *Residence, { If out of town, also state fully. } Chelmsford
 Place of Birth, Banffshire Co. Scotland
 *Place of Death, Chelmsford
 Name of Father, Wm Bremner
 Birthplace of Father, Scotland, Ban. Co.
 Maiden name of Mother, Margaret Stevenson
 Birthplace of Mother, Ban. Co. Scotland
 Place of Interment, (Give name of Cemetery), Chelmsford Center
 Dated at Chelmsford Signature and place of business of Undertaker, { Walter Perkins
 on January 24 1900 189 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Wm. Bremner Age, 63 Y. 11 M. 1 D.
 Place and Date of Death, ‡ died at Chelmsford, Mass. Jan 24 189-1900.
 Disease or Cause of Death, § Cardiac Degeneration
 Duration of sickness, Indefinite

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Arthur G. Scoboria M. D.
Chelmsford, Mass.

Date of Certificate, Jan 25 189-1900

Give also street and number, if any.
 † Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
 § If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Harry H. Safford Sex, male Color, white

Date of Death, Jan. 31 1900 ; Age, 47 Years, 3 Months, 19 Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Chester R.R.

*Residence, { If out of town, }
{ also state fully } Gorham St East Chelmsford

Place of Birth, New Port R. I.

*Place of Death, East Chelmsford Mass

Name of Father, Jason S. Safford

Birthplace of Father, Fairfax Vt

Maiden Name of Mother, Mary Goff

Birthplace of Mother, Newport R. I.

Place of Interment, (Give name of Cemetery), Edson Cemetery

Dated at S Lowell Signature and
on Jan 31 1900 place of business
of Undertaker. { B. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Harry H. Safford Age, 47 Y. 3 M. 19 D.
Place and Date of Death, died at East Chelmsford Jan 31 1900
Disease or Cause of Death,‡ Pneumonia

Duration of sickness, About one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { L. G. Waller M. D.
of
Certifying Physician. { Dr Branch

Date of Certificate Feb 1 1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.

OF
.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, II AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Betsy Coburn Sex, F Color, W
 Date of Death, Feb 10 1890; Age, 71 Years, 4 Months, _____ Days.
 Maiden Name, { If married, widowed } Jones
 or divorced.
 Husband's Name, James B. Coburn
 Single, Married, Widowed or Divorced, Widow Occupation, Housewife
 *Residence, { If out of town, } North Chelmsford
 { also state fully. }
 Place of Birth, Salisbury N H
 *Place of Death, North Chelmsford
 Name of Father, Joshua Jones
 Birthplace of Father, New Hampshire
 Maiden name of Mother, Betsy Waldron
 Birthplace of Mother, New Hampshire
 Place of Interment, (Give name of Cemetery), North Chelmsford
 Dated at Lowell Signature and place of business of Undertaker, { J. W. Brooks
 on Feb 10 1890 { 16 Market St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Betsy Coburn Age, 71 Y. 4 M. _____ D.
 Place and Date of Death, died at North Chelmsford Mass Feb 10th 1890
 Disease or Cause of Death, † Organic disease of heart
 Duration of sickness, one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F E Varney M. D.
 of { North Chelmsford
 Certifying Physician. }

Date of Certificate, Feb 11th 1890

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ... 189

Filed, ... 189

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Recd

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Maud M. Downs Sex, F. Color, W.
Date of Death, Feb 10th 1900 ; Age, 17 Years, 8 Months, - Days.
Maiden Name, { If married, widowed or divorced. } Maud M. Potter
Husband's Name, Harvey L. Downs
Single, Married, Widowed or Divorced, Married Occupation, housewife
*Residence, { If out of town, { also state fully. } N. Chelmsford Mass.
Place of Birth, Tyngsborough. "
*Place of Death, Lowell. "
Name of Father, Charles Potter.
Birthplace of Father, Frating. County Essex. England.
Maiden name of Mother, Levenia M. Roberts.
Birthplace of Mother, Island of Jersey, { British Isles } "
Place of Interment, (Give name of Cemetery), N. Chelmsford Cemetery
Dated at N. Chelmsford Signature and place of business of Undertaker, { John Marinell Jr.
on Feb 10th 1900 189 } N. Chelmsford Mass

BURIAL PERMIT AND PERMIT FOR REMOVAL.
(Issued under the provisions of chapter 437 of the Acts of 1897.)

(FILL OUT WITH INK ALL NAMES TO BE IN FULL.)

Lowell Feb 10 1900
(City or Town.) (Date.)
All the preliminary requirements of law having been complied with, permission is hereby given to J. A. Weinbeck for the removal from Lowell, and the interment at _____ Cemetery in North Chelmsford of the body of Maud M. Downs who died at Lowell Number _____ Street, on the 10 day of Feb 1900, aged 17 years, 8 months, - days Cause of death, Appendicitis
H. H. Bennett, Agt

No.

RETURN OF THE DEATH

OF

at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

By Registrar
State to, together with the required by the board of health, the death occurred

Rec

127

duplicate
see 125

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mrs. Betsy B. Coburn Sex, 7 Color, W
 Date of Death, Feb 10th 1900 ; Age, 71 Years, 4 Months, 5 Days.
 Maiden Name, { If married, widowed } Betsy C. Jones
 or divorced.
 Husband's Name, James B. Coburn
 Single, Married, Widowed or Divorced, widow Occupation, house keeper
 *Residence, { If out of town, } N. Chelmsford Mass
 also state fully.
 Place of Birth, Salisbury N. H.
 *Place of Death, N. Chelmsford Mass
 Name of Father, Joshua Jones
 Birthplace of Father, Synderboro N. H.
 Maiden name of Mother, Betsy Waldring
 Birthplace of Mother, Dover N. H.
 Place of Interment, (Give name of Cemetery), N. Chelmsford Cemetery
 Dated at N. Chelmsford Signature and place of business of Undertaker, { John Marinelly
 on Feb 11th 1900 } N. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mrs Betsy Coburn Age, 71 Y. 4 M. D.
 Place and Date of Death, ‡ died at North Chelmsford Feb 10th 1900
 Disease or Cause of Death, § Organic disease of Heart
 Duration of sickness, one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { F E Farney M. D.
North Chelmsford

Date of Certificate, Feb 12 1900

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ...

189.....

Filed, ...

189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate from the board of health.

Rec

128

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James M. E. Flynn, Sex, M, Color, W.
Date of Death, Feb 13th 1890; Age, 64 Years, 11 Months, — Days.
Maiden Name, { If married, widowed }
or divorced.
Husband's Name, —
Single, Married, Widowed or Divorced, Married Occupation, Mill Corder.
*Residence, { If out of town, } N. Chelmsford Mass
also state fully.
Place of Birth, County Lathran Ireland
*Place of Death, N. Chelmsford Mass
Name of Father, Unknown
Birthplace of Father, "
Maiden name of Mother, "
Birthplace of Mother, Ireland
Place of Interment, (Give name of Cemetery), N. Chelmsford Cemetery
Dated at N. Chelmsford Signature and place of business of Undertaker, { John Marinell Jr
on Feb 13th 1890 { N. Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James M. E. Flynn Age, 64 Y. 11 M. — D.
Place and Date of Death, ‡ died at North Chelmsford Feb 13th 1890
Disease or Cause of Death, § Unknown death sudden
Duration of sickness, expired suddenly

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Fred E. Tarney M. D.
North Chelmsford

Date of Certificate, Feb 13th 1890

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at 189.....

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's

129

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, _____ Sex, _____ Color, _____

Date of Death, _____ 189 ; Age, _____ Years, _____ Months, _____ Days.

Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, }
also state fully. _____

Place of Birth, _____

*Place of Death, _____

Name of Father, _____

Birthplace of Father, _____

Maiden name of Mother, _____

Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), _____

Dated at _____
on _____ 189 Signature and
place of business
of Undertaker. { *A. G. Parkhurst*
Chilmark

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Andrew Anderson* Age, *55* Y. *10* M. D.

Place and Date of Death, ‡ died at *West Chilmark Feb 15th 1900*

Disease or Cause of Death, § *Tuberculosis*

Duration of sickness, *4 or 5 months*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F. E. Varney M. D.
North Chilmark Mass

Date of Certificate, *Feb 16th 1900*

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....
at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in

Rec

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Katie Mc Nulty Sex, _____ Color, _____
Date of Death, Feb 22 1900 ; Age, 21 Years, _____ Months, _____ Days.
Maiden Name, { If married, widowed }
or divorced. } _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, } East Chelmsford Mass
also state fully. } _____
Place of Birth, East Chelmsford Mass
*Place of Death, East Chelmsford Mass
Name of Father, Michael Mc Nulty
Birthplace of Father, Ireland
Maiden name of Mother, Bridget Barrett
Birthplace of Mother, Ireland
Place of Interment, (Give name of Cemetery), St. Patrick's Church
Dated at Lowell Signature and place of business of Undertaker, { Sam E. Rogers
on 23rd Feb 1900 189 { 100 Central St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Katie E. Mc Nulty Age 21 Y. _____ M. _____ D. _____
Place and Date of Death, died at East Chelmsford Feb. 22 1900
Disease or Cause of Death, ‡ Pulmonary Tuberculosis.
Duration of sickness, 10 months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Amasa Howard M. D.
Chelmsford Mass
Date of Certificate, Feb. 24 1900 189 .

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. _____
RETURN OF THE DEATH

OF

at _____
Date, _____ 189_____
Filed, _____ 189_____.

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1900 Month, Feb Day, 22 Birth { Year, 1875 Month, July Day, 25 Age { Years, 24 Months, 1 Days, 7

Name in full, Bertha May Marshall Residence, West Chelmsford

Maiden name, Bertha May M^{rs} Gregor

Sex { Male. Female. X Female. Conjugal condition { Single. Married. X Married. Widowed. Divorced. Color { White. X White. Black (Negro or mixed). Indian. Chinese. Japanese.

Wife of Josiah E. Marshall Widow of

Place of death { Street, W Chelmsford. Number, Place of birth, Easton Woodstock C. Mass.

Occupation, none.

Name of Father, Geo. H. M. Gregor Maiden Name of Mother, Mary J. Drull

Birthplace of Father, Lubec, Maine Birthplace of Mother, Westford, Mass.

Place of interment, West Chelmsford, Mass.

A. P. Richardson Westford Mass Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Feb 23, 1900.

Name and age of deceased, Mrs Bertha Marshall Age, 24 years.

Date and place of death, W. Chelmsford

Disease { Chief cause, Consumption Contributing cause,

Duration { Chief cause, Contributing cause,

I certify that the above is true, to the best of my knowledge and belief.

Name and residence { of physician, H. E. Mace M.D. 22 Bowdoin St. Boston Mass

* If in an institution, state how long an inmate and previous residence.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A.M. till 1 P.M. except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

Rec

132

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ephraim Elliott Sex, M Color, W
Date of Death, Feb 27 1900 Age, 67 Years, 7 Months, 26 Days.
Maiden Name, { If married, widowed }
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, Farmer
*Residence, { If out of town, } Chelmsford Mass
also state fully _____
Place of Birth, Sturton N.H.
*Place of Death, Chelmsford Mass
Name of Father, Ephraim Elliott
Birthplace of Father, unknown
Maiden Name of Mother, Louise Elliott
Birthplace of Mother, unknown
Place of Interment, (Give name of Cemetery), Chelmsford Mass
Dated at Louise Signature and
on Feb 28 1900 place of business
of Undertaker. J B L...

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Ephraim Elliott Age, 67 yrs 7 mo 27 ds.
Date and Place of Death,† - died at Chelmsford, Mass. Feb 27, 1900
Disease or Cause of Death, - Cardiac Asthenia following Asthma
(Primary and Secondary.)‡
Duration of Sickness, - Two months.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Arthur G. Scoboria, Chelmsford, Mass.
Date of Certificate, Feb 28, 1900.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

No.

RETURN OF THE DEATH.

OF

Frederic Elliott

Chilmark

ate,

Feb. 27 1900

led,

March 1 1900

Acts of 1897, Chapter 444.

EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

in whose house a death occurs, the oldest person next of kin present at the death, or the person in charge of an institution in which a death occurs, shall, within ten days after the death, give notice thereof to the board of health or to the clerk of the city or town in

which the death occurred, and the officer of a vessel shall give notice of the death of any person under his charge if the city or town within the Commonwealth at which his vessel first arrives

to comply with the requirements of sections 6 and 7, five dollars.

who has attended a person during his last illness shall forthwith after the death of the person a certificate setting forth the required facts.

who was a soldier who served in the war of the rebellion, give both the primary and the secondary cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten

dollars. The board of health or the clerk of the city or town in charge of the funeral rites preliminary to the interment of a human body shall, within ten days after the death, return it, together with the facts re-

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Newell E. Parker Sex, male Color, whiteDate of Death, March 9, 1900 ; Age, 58 Years, 2 Months, 28 Days.Maiden Name, { If married, widowed }
or divorced. }

Husband's Name, ...

~~Single, Married, Widowed or Divorced,~~widowerOccupation, Carpenter*Residence, { If out of town, }
also state fully }

Place of Birth, ...

*Place of Death, ...

Name of Father, ...

Birthplace of Father, ...

Maiden Name of Mother, ...

Birthplace of Mother, ...

Place of Interment, (Give name of Cemetery), ...

Dated at Salemon 10thMarchSignature and
place of business
of Undertaker.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased†

Newell E. Parker Age, 58 Y. 2 M. 28 D.

Place and Date of Death,

died at Chelmsford, Mass., March 9, 1900.

Disease or Cause of Death,‡

Pericarditis, Anemia, Phthisis Pulmonalis.

Duration of sickness,

About two years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.Arthur G. Seaborn,

M. D.

Chelmsford, Mass.

Date of Certificate

March 9, 1900.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

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Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate required by section 1, to the board of health, which certificate shall be filed in the office of the clerk of the city or county in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Susan H. Whittemore Sex, female Color, white
 Date of Death, March 14 1900 ; Age, 80 Years, 4 Months, 15 Days.
 Maiden Name, { If married, widowed } Susan H. Varnum widowed
 or divorced.
 Husband's Name, James Whittemore
 Single, Married, Widowed or Divorced, widowed Occupation, at home
 *Residence, { If out of town, } North Chelmsford
 also state fully
 Place of Birth, Dracut Mass
 *Place of Death, North Chelmsford
 Name of Father, Joshua Varnum
 Birthplace of Father, Dracut Mass
 Maiden Name of Mother, Susan Hildreth
 Birthplace of Mother, Dracut Mass
 Place of Interment, (Give name of Cemetery), North Chelmsford
 Dated at Sowell Signature and place of business { C. M. Young & Co
 on March 14 1900 of Undertaker. { 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Susan H. Whittemore, 80 Y. 4 M 15 D.
 Place and Date of Death, died at North Chelmsford March 14 1900
 Disease or Cause of Death,‡ 3a Grippe and Asthma.
 Duration of sickness, one week.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Amasa Howard M. D.
 of
 Certifying Physician. { Chelmsford Mass.

Date of Certificate Mch. 14th 1900

* Give also street and number, if any.

† Give sex of Infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF
.....
.....
.....

at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of a death shall

rel

135

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John Mc Nalley Sex, M, Color, W
 Date of Death, Mar. 16, 1899 ; Age, 74 Years, — Months, — Days.
 Maiden Name, { If married, widowed }
 or divorced. {
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Molder
 *Residence, { If out of town, }
 also state fully. {
 Place of Birth, Ireland
 *Place of Death, North Chelmsford
 Name of Father, James Mc Nalley
 Birthplace of Father, Ireland
 Maiden name of Mother, Mary Ward
 Birthplace of Mother, Ireland
 Place of Interment, (Give name of Cemetery), St Johns Worcester
 Dated at North Chelmsford Signature and
 on Mar. 17, 1899 place of business
 of Undertaker. { John A. Healy
Graniteville Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * John M. McNally Age, _____
 Date and Place of Death, † - died at No. Chelmsford mch. 16th 1899
 Disease or Cause of Death, - of Chronic Cystitis
 (Primary and Secondary.) ‡
 Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Amasa Howard M.D.

Date of Certificate, mch. 17 1899

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
 Plate. Ed. December, 1896. — 5,000.

IN THE REGISTRATION, GIVE BOTH PRIMARY AND SECONDARY CAUSE.

OF

189

189

Acts of 1897, Chapter 444.

EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

whose house a death occurs, the oldest person next of kin present at the time of the death shall be in charge of an institution in which a death occurs, shall, within five days after the death, give notice of the death to the clerk of the city or town in which the death occurs, and shall also give notice of the death to the nearest person under his charge to the city or town within the Commonwealth at which his vessel first arrives after such death. The fee for such notice shall be five dollars.

is attended a person during his last illness shall forthwith after the death of said person a certificate setting forth the required facts.

was a soldier who served in the war of the rebellion, give both the primary and
th as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.
charge of the funeral rites preliminary to the interment of a human body shall obtain

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Daniel Daley* Sex, _____ Color, _____Date of Death, *March 23^d 1900* Age, *60* Years, _____ Months, _____ Days.Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

~~Single~~, ~~Married~~, Widowed or Divorced, _____Occupation, *Moulder of Iron**Residence, { If out of town, }
also state fully _____

Place of Birth, _____

*Place of Death, _____

Name of Father, _____

Birthplace of Father, _____

Maiden Name of Mother, _____

Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), _____

Dated at _____

on *23* March 1900Signature and
place of business
of Undertaker.*James D. O'Donnell*
324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased†

*Daniel Daley*Age, *60* Y. _____ M. _____ D. _____

Place and Date of Death,

died at *North Chelmsford* *March 23^d 1900*

Disease or Cause of Death,‡

Pneumonia

Duration of sickness,

One week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.*Amasa Howard* M. D.
Chelmsford

Date of Certificate

March 24th 1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall, at the time of the interment, file with the clerk of the city or town a statement of the facts relating to the death.

Re^u

137

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, _____ Sex, _____ Color, _____

Date of Death, _____ 189/; Age, / Years, _____ Months, _____ Days.

Maiden Name, { If married, widowed } _____
or divorced.

Husband's Name, _____

Single, Married, Widowed or Divorced, Divorced Occupation, Machinist

*Residence, { If out of town, } _____
also state fully.

Place of Birth, _____

*Place of Death, _____

Name of Father, _____

Birthplace of Father, _____

Maiden name of Mother, _____

Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), Swale Cemetery

Dated at _____ Signature and

on _____ 189. _____ place of business
of Undertaker. { J. W. Brooks
Small Mass.

Name and Age of Deceased,* Miss Alice Agnew Age, 27 yrs.
Date and Place of Death,† - died at W. Chelmsford Mass. March 22nd 1900
Disease or Cause of Death, - of complication of diseases
(Primary and Secondary.)‡
Duration of Sickness, - Three months.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, John W. McCrory

Westford Mass. Date of Certificate, March 23rd 1900

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charlotte F Kidder Sex, Female Color, White

Date of Death, March 26th 1900 ; Age, 66 Years, 3 Months, 16 Days.

Maiden Name, { If married, widowed or divorced. } Charlotte Bruce (Widow)

Husband's Name, James Otis Kidder

Single, Married, Widowed or Divorced, Widow Occupation, Housewife

*Residence, { If out of town, { also state fully. } North Chelmsford Mass

Place of Birth, Marlboro Mass

*Place of Death, North Chelmsford Mass

Name of Father, Lewis Bruce

Birthplace of Father, Marlboro Mass

Maiden name of Mother, Mary A. Champeney

Birthplace of Mother, Boston

Place of Interment, (Give name of Cemetery), Fairview Cemetery Westford

Dated at Westford Signature and place of business of Undertaker, { A P Richardson
on March 26. 1900 189 { Westford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Charlotte F Kidder Age, 66 Y. 3 M. 16 D.

Place and Date of Death, died at North Chelmsford March 26th 1900

Disease or Cause of Death, ‡ Cerebro-Spinal Meningitis

Duration of sickness, Four days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D.
North Chelmsford

Date of Certificate, March 26th 1900 189

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

189 _____.

Filed, _____

189 _____.

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain

the physician's certificate made in _____

To the Clerk of the City or Town in which the death occurred.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF
.....
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, David Fisher Sex, Male Color, white
 Date of Death, April 2, 1900 ; Age, 89 Years, 3 Months, 11 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, ...
 Single, Married, Widowed or Divorced, Widow Occupation, Farmer
 *Residence, { If out of town, } West Chelmsford Mass
 also state fully
 Place of Birth, Charlotte Maine
 *Place of Death, West Chelmsford
 Name of Father, David Fisher
 Birthplace of Father, Francistown N. H.
 Maiden Name of Mother, Nancy Chandler
 Birthplace of Mother, Peterborough Vt
 Place of Interment, (Give name of Cemetery), Billerica
 Dated at S Lowell Signature and place of business
 on April 2, 1900 of Undertaker. { C. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† David Fisher Age, 89 Y. 3 M. 11 D.
 Place and Date of Death, died at West Chelmsford April 2, 1900
 Disease or Cause of Death,‡ Senile Debility
 Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Edward H. Chandler M. D.
Chelmsford, Mass
 Date of Certificate April 3, 1900.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

at

Date, ...

Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body

Rec

141

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, George William Lemay Sex, Male Color, White
 Date of Death, April 3rd ¹⁹⁰⁰ 189 ; Age, — Years, 1 Months, — Days.
 Maiden Name, { If married, widowed or divorced. } —
 Husband's Name, —
 Single, Married, Widowed or Divorced, Single Occupation, —
 *Residence, { If out of town, } West Chelmsford Mass
 also state fully. {
 Place of Birth, West Chelmsford Mass
 *Place of Death, West Chelmsford Mass
 Name of Father, Joseph Lemay
 Birthplace of Father, Canada
 Maiden name of Mother, Suzanne Newman
 Birthplace of Mother, Canada
 Place of Interment, (Give name of Cemetery), Sr Joseph Cemetery
 Dated at Lowell Mass ¹⁹⁰⁰
 on April 3rd 189 Signature and place of business of Undertaker. { Joseph Albert
57 Chever

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † George W Lemay Age, — Y. 1 M. 11 D.
 Place and Date of Death, ‡ died at West Chelmsford April 3rd 189 1900
 Disease or Cause of Death, § Convulsion
 Duration of sickness, 18 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

F E Varney

M. D.

North Chelmsford Mass

Date of Certificate, April 3rd ¹⁹⁰⁰ 189

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ...

189

Filed, ...

189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles E. A. Bartlett Sex, M. Color, W.

Date of Death, April 4 1900 1899 ; Age, 63 Years, 5 Months, 30 Days.

Maiden Name, { If married, widowed or divorced. }

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, { If out of town, } Chelmsford Mass
{ also state fully }

Place of Birth, Chelmsford

*Place of Death, Chelmsford

Name of Father, Dr John C Bartlett

Birthplace of Father, Charlestown Mass

Maiden Name of Mother, Maria J Adams

Birthplace of Mother, Chelmsford

Place of Interment, (Give name of Cemetery), Chelmsford

Dated at Lowell Signature and

on April 4 1900 I place of business { J. B. Currier
of Undertaker. Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Charles E. A. Bartlett Age, 63 Y. 5 M. 30 D.

Place and Date of Death, died at Chelmsford April 4 1900 I.

Disease or Cause of Death,‡ Sugar Diabetes

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { E. H. Chandler M. D.
of
Certifying Physician. Chelmsford, Mass

Date of Certificate April 5th 1900.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

at

Date, ...

Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having a certificate of death shall obtain the physician's certificate required by section 1, to the board of health of the city.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *James S Boynton* Sex, ... Color, ...Date of Death, *April 6* 189*0*; Age, *62* Years, ... Months, ... Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, { If out of town, }
also state fully *West Chelmsford*Place of Birth, *Somerville Mass**Place of Death, *West Chelmsford*Name of Father, *Samuel Boynton*Birthplace of Father, *not known*Maiden Name of Mother, *Nancy Sawyer*Birthplace of Mother, *not known*Place of Interment, (Give name of Cemetery), *St Patrick Catholic*Dated at *Lowell* Signature andon *Apr 6* place of business
of Undertaker. *James F O'Donnell*
324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *James S Boynton* Age, *62* Y. M. D.Place and Date of Death, died at *West Chelmsford* *April 6* 189*0*Disease or Cause of Death,‡ *Dysenteric Colic*Duration of sickness, *one year*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.*F E Turner*

M. D.

*West Chelmsford*Date of Certificate *April 6* 189*0*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.

OF
.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body with the facts recurred.

144

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Almira Stearns Sex, F Color, W.
 Date of Death, April 6 1900 1899 ; Age, 92 Years, 9 Months, 24 Days.
 Maiden Name, { If married, widowed or divorced. } Almira Bancroft
 Husband's Name, Charles Stearns
 Single, Married, Widowed or Divorced, Widowed Occupation, Housewife
 *Residence, { If out of town, also state fully. } Chelmsford
 Place of Birth, Rindge N.H.
 *Place of Death, Chelmsford
 Name of Father, John Bancroft
 Birthplace of Father, _____
 Maiden name of Mother, Elizabeth Coburn
 Birthplace of Mother, _____
 Place of Interment, (Give name of Cemetery), Sowell Cemetery
 Dated at Chelmsford Signature and place of business of Undertaker, { Walter Perkins
 on April 6 1900 1899 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Almira Stearns Age, 92 Y. 9 M. 24 D.
 Place and Date of Death, ‡ died at Chelmsford Mass. Apr. 6th 1899 1900
 Disease or Cause of Death, § Pneumonia
 Duration of sickness, one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

Amasa Howard M. D.
Chelmsford

Date of Certificate, Apr. 7th 1900 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James Henry Hazen Sex, M. Color, W.
Date of Death, April 6 1900 189 ; Age, 59 Years, 0 Months, 24 Days.
Maiden Name, { If married, widowed }
or divorced.
Husband's Name,
Single, Married, Widowed or Divorced, Single Occupation, Farmer
*Residence, { If out of town, } Chelmsford
also state fully.
Place of Birth, Hartford Vt.
*Place of Death, Chelmsford
Name of Father, Samford Hazen
Birthplace of Father, Hartford Vt.
Maiden name of Mother, Sarah Wood
Birthplace of Mother, West Lebanon Vt.
Place of Interment, (Give name of Cemetery), Chelmsford
Dated at Chelmsford Signature and
on April 6 1900 189 place of business { Walter Perham
of Undertaker. Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James H. Hazen Age, 59 Y. 0 M. 24 D.
Place and Date of Death, ‡ died at Chelmsford Mass. Apr. 6 189 1900
Disease or Cause of Death, § Pneumonia.
Duration of sickness, 8 days.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Amasa Howard M. D.
Chelmsford

Date of Certificate, Apr. 7th 1900 189

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at
Date, ... 189...
Filed, ... 189...

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

A person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate, and file the same with the board of health, as required by section 1, to the board of

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Joseph Alfred Eugene Lambert Sex, Male Color, WhiteDate of Death, April 7 1900 ; Age, ... Years, ... Months, 13 Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, Single

Occupation, ...

*Residence, { If out of town, }
also state fully# West Chelmsford, MassPlace of Birth, West Chelmsford Mass*Place of Death, West Chelmsford MassName of Father, Edmond LambertBirthplace of Father, CanadaMaiden Name of Mother, Rosanna RoweBirthplace of Mother, Canada Wrensocket R. IPlace of Interment, (Give name of Cemetery), St Joseph CemeteryDated at Lowell MassSignature and
place of business
of Undertaker.on April 7 1900Joseph Albert
575 Summer

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased†

Joseph Alfred Eugene Lambert Age, ... Y. M. 3 D.

Place and Date of Death,

died at Chelmsford Mass, April 7 1900

Disease or Cause of Death,‡

Septicemia (puerile type)

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.E. H. Chamberlain M. D.
Chelmsford MassDate of Certificate April 7th 1900.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

at

Date, ...

Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. A person who shall obtain or attempt to obtain the interment of a human body without the required

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Edward F. Richardson Sex, M. Color, wDate of Death, Mar 25 1900 189 ; Age, 68 Years, ... Months, ... Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, Farmer*Residence, { If out of town, }
also state fully Chelmsford Mass

Place of Birth, " "

*Place of Death, " "

Name of Father, Francis RichardsonBirthplace of Father, Chelmsford MassMaiden Name of Mother, Mary BlodgetBirthplace of Mother, unknownPlace of Interment, (Give name of Cemetery), Chelmsford Centre TombDated at Lowell Signature andon Mar 26 1900 I place of business
of Undertaker. { J. B. Sumner
Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Edward F. Richardson Age, 68 Y. M. D.Place and Date of Death, died at Chelmsford Mass Mar 25 1900Disease or Cause of Death, ‡ La Grippe

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { W. H. Packer M. D.
of
Certifying Physician. }Date of Certificate March 26 1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

W. H. Packer

No. _____

RETURN OF THE DEATH.

OF

at _____

Date, _____

Filed, _____

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person who fails to obtain the papers required by section 6, shall be liable to a fine of _____

ts re-

To the Clerk of the City or Town in which the death occurred.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH
OF
.....
at
Date, ... 189.....
Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

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149
1

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Oliver H. Hale Sex, M Color, W

Date of Death, Apr 11th 1900 Age, 70 Years, 3 Months, 11 Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Seamster

*Residence, { If out of town, }
also state fully No Chelmsford

Place of Birth, Nashua, N H

*Place of Death, No Chelmsford

Name of Father, unknown

Birthplace of Father, ...

Maiden Name of Mother, ...

Birthplace of Mother, ...

Place of Interment, (Give name of Cemetery), No Chelmsford

Dated at No Chelmsford Signature and
on Apr 12th 1900 place of business
of Undertaker, { John W. Wainwright
No Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Oliver H. Hale Age, 70 Y. 9 M. 11 D.

Place and Date of Death, died at North Chelmsford April 11th 1900

Disease or Cause of Death,‡ Paralysis resulting from Hemiplegia
secondary disease of Heart

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F E Varney M. D.
of { North Chelmsford
Certifying Physician. }

Date of Certificate April 12th 1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the Town of Dunstable Mass.
(City or Town.)
during the month of June 1899.

1. Date of Death, . . .	<u>June 28, 1899.</u>
2. Name, ...	<u>Alva Gilson.</u>
(Maiden Name), . . .	
(Name of Husband),	
3. Sex, and whether single,	<u>Male</u>
Married, or Widowed,	<u>Married.</u>
4. Color, ...	<u>White</u>
5. Age, ...	<u>76</u> Years, <u>8</u> Months, <u>21</u> Days.
(Disease or Cause of Death,	<u>Gastric Ulcer.</u>
6. { Duration of Sickness,	<u>Six or seven years.</u>
{ By whom certified, . .	<u>Chas. E. Libbey M.D.</u>
7. Residence, ...	<u>Dunstable</u>
8. Occupation, ...	<u>Blacksmith.</u>
9. Place of Death, . . .	<u>Dunstable</u>
10. Place of Birth, . . .	<u>Tyngsboro</u>
11. Name of Father, . . .	<u>Eben Gilson</u>
12. Name of Mother, . . .	<u>Rebecca Wyman.</u>
(Maiden Name.)	
13. Birthplace of Father, .	<u>Tyngsboro.</u>
14. Birthplace of Mother, .	<u>Tyngsboro.</u>
15. Place of Interment, .	<u>West Chelmsford.</u>

I certify that the foregoing is a true copy.

Attest:

James H. Woodward.

Town Clerk.
(City or Town.)

July 15. 1899.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *B. Benjamin Staveley (Child)* Sex, ... Color, ...

Date of Death, *Dec 2nd* 189*9*; Age, ... Years, ... Months, ... Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, { If out of town, }
also state fully *Chelmsford*

Place of Birth, *Chelmsford*

*Place of Death, *Chelmsford*

Name of Father, *Benjamin Staveley*

Birthplace of Father, *England*

Maiden Name of Mother, *Sigge Thornton*

Birthplace of Mother, *England*

Place of Interment, (Give name of Cemetery), *Ecken Green Swell Mass*

Dated at *Lowell* Signature and place of business of Undertaker, *Ed Weinbeck*

on *2 Dec* 189*9* *88 Middlebury St*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Child of Benj Staveley* Age, *Still Born* D.

Place and Date of Death, died at *Chelmsford* I.

Disease or Cause of Death,‡ *Still Born*

Duration of sickness, *Still Born*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *Guy Hubbard M.D.* M. D.

Date of Certificate *Dec 3rd 1899* I

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Patrick M. Manomin* Sex, ... Color, ...Date of Death, *March 30th 1897* Age, *66* Years, ... Months, ... Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, *laborer**Residence, { If out of town, }
also state fully } *North Chelmsford*Place of Birth, *Ireland**Place of Death, *North Chelmsford Mass*Name of Father, *Oliver M. Manomin*Birthplace of Father, *Ireland*Maiden Name of Mother, *Mary M. Lewis*Birthplace of Mother, *Ireland*Place of Interment, (Give name of Cemetery), *St. Patrick's Cemetery, North Chelmsford Mass*Dated at *North Chelmsford Mass*on *March 30th 1897* Signature and place of business of Undertaker, { *James F. O'Donnell*
324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Patrick M. Manomin* Age, *66* Y. M. D. Place and Date of Death, died at *North Chelmsford Mass* *March 30th 1897*Disease or Cause of Death,‡ *Pneumonia*Duration of sickness, *six days*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
Certifying Physician. { *F E Farney* M. D.
*North Chelmsford*Date of Certificate *March 31st 1897*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. The physician attending a person who dies shall, within five days after the death, give notice of the death to the board of health or to the clerk of the city or town in which the death occurred. Penalty for refusal or neglect, ten dollars.

133

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Seth Homestead Patten Sex, M. Color, W.
 Date of Death, May 18 18900; Age, 68 Years, 9 Months, 14 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Married Occupation, Farmer
 *Residence, { If out of town, } Chelmsford
 also state fully.
 Place of Birth, Pittsfield Maine
 *Place of Death, Chelmsford
 Name of Father, Moody Patten
 Birthplace of Father, Pittsfield Me.
 Maiden name of Mother, Hannah H Homestead
 Birthplace of Mother, Pittsfield Me.
 Place of Interment, (Give name of Cemetery), Pittsfield Me.
 Dated at Chelmsford Signature and
 on May 19 18900 place of business { Walter Perham
 of Undertaker. { Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Seth H. Patten Age, 68 Y. 9 M. 14 D.
 Place and Date of Death, ‡ died at Chelmsford Mass. May 18th 18900
 Disease or Cause of Death, § Paralysis
 Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Edward H. Chamberlain M. D.
 of { Chelmsford, Mass.
 Certifying Physician.

Date of Certificate, May 19th 18900 - 18900.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
 § If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites prohibited by section 10, and returning to the town in which the death

Obtain

Section 1, to the

154

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Harriet Pullan Sex, F Color, W
 Date of Death, May 24th 1890; Age, 51 Years, 5 Months, - Days.
 Maiden Name, { If married, widowed or divorced. } Harriet Rayner
 Husband's Name, William Pullan
 Single, Married, Widowed or Divorced, _____ Occupation, Housewife
 *Residence, { If out of town, } N. Chelmsford Mass.
 also state fully. {
 Place of Birth, Kidderdale Yorkshire England
 *Place of Death, N. Chelmsford Mass.
 Name of Father, William Rayner
 Birthplace of Father, Coverdale Yorkshire England
 Maiden name of Mother, Elizabeth Hammel
 Birthplace of Mother, Coverdale Yorkshire England
 Place of Interment, (Give name of Cemetery), N. Chelmsford Mass
 Dated at N. Chelmsford Signature and place of business { John Marinell Jr.
 on May 24th 1890 of Undertaker. { N. Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Harriet Pullan Age, 51 Y. 5 M. - D.
 Place and Date of Death, ‡ died at North Chelmsford May 24 1890
 Disease or Cause of Death, § Uræmia
 Duration of sickness, 36 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F E Varney M. D.
 of { North Chelmsford
 Certifying Physician. {

Date of Certificate, May 26 1890

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH
OF
.....
at
Date, ... 189.....
Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

rites preliminary to the interment of a human body shall obtain the physician's certificate of death and return it, together with the facts required by section 1, to the board of health of the city in which the death occurred.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the City of Haverhill

(City or Town.)

during the month of June 1900. 48

1. Date of Death, . . .	<u>May 30, 1900.</u>
2. Name, ...	<u>Sophronia Oakes Dutton</u>
(Maiden Name), . . .	<u>Sophronia Oakes Lawrence</u>
(Name of Husband),	<u>Charles H. Dutton</u>
3. Sex, and whether single,	<u>Female</u>
Married, or Widowed,	<u>Married</u>
4. Color, ...	<u>White</u>
5. Age, ...	<u>60</u> Years, <u>1</u> Months, <u>26</u> Days.
(Disease or Cause of Death,	<u>(1) Chronic (valvular) heart disease. (2) Angina & pulmon-</u>
6. Duration of Sickness,	<u>ary oedema (4) Coma</u>
(By whom certified, . .	<u>J. F. Croston M. D.</u>
7. Residence, ...	<u>North Chelmsford Mass</u>
8. Occupation, ...	<u>Housewife</u>
9. Place of Death, . . .	<u># 102 Chestnut Street (Haverhill)</u>
10. Place of Birth, . . .	<u>Cohasset Mass.</u>
11. Name of Father, . . .	<u>George Lawrence</u>
12. Name of Mother, . . .	<u>Everline Vinal</u>
(Maiden Name.)	
13. Birthplace of Father, .	<u>Scituate Mass.</u>
14. Birthplace of Mother, .	<u>Scituate Mass.</u>
15. Place of Interment, .	<u>North Chelmsford Mass.</u>

I certify that the foregoing is a true copy.

Attest:

William H. Roberts

June 1, 1900.

City Clerk.
(City or Town.)

City
New York

May 20, 1964
Honorable John F. Kennedy
U.S. Senate
Washington, D.C.

Dear Mr. Kennedy:

I am writing you today to express my sincere
appreciation for the many ways in which you
have helped the people of New York City.

As a member of the New York City Council,
I have had the privilege of working with you
on many important issues. Your leadership
and dedication have been a great inspiration
to me and to all the people of New York City.
I am sure that your continued efforts will
bring about a better future for all of us.

Rel

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alfred E. Parlee Sex, M Color, W

Date of Death, June 1 18900; Age, 0 Years, 8 Months, 8 Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, }
also state fully. Chelmsford

Place of Birth, "

*Place of Death, "

Name of Father, Wm M. Parlee

Birthplace of Father, Waterford, New Brunswick

Maiden name of Mother, May H. Peters

Birthplace of Mother, Blue Hill, Maine

Place of Interment, (Give name of Cemetery), Pine Ridge Cem. Chelmsford Center

Dated at Chelmsford Signature and
on June 2 18900 place of business
of Undertaker. { Walter Resham
Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Alfred E. Parlee Age, Y. 8. M. 8. D.

Place and Date of Death, † died at Chelmsford June 1st 1900

Disease or Cause of Death, § Convulsions with Marasmus.

Duration of sickness, Several weeks.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Amasa Howard M. D.
of
Certifying Physician.

Date of Certificate, June 2 1900
18900

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. † If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Walter Bethune

Rec

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Ella E. Shepherd* Sex, *F.* Color, *W.*
Date of Death, *June 2nd 1890*; Age, *—* Years, *7* Months, *14* Days.
Maiden Name, { If married, widowed }
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, } *N. Chelmsford*
also state fully. _____
Place of Birth, _____
*Place of Death, _____
Name of Father, *Geo. E. Shepherd*
Birthplace of Father, *England*
Maiden name of Mother, *Gertrude E. Moore*
Birthplace of Mother, *Welles, Maine*
Place of Interment, (Give name of Cemetery), *N. Chelmsford, Mass.*
Dated at *N. Chelmsford* Signature and place of business of Undertaker. { *John Marinelly*
on *June 2nd 1890* { *N. Chelmsford, Mass.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Ella E. Shepherd* Age, *—* Y. *7* M. *14* D.
Place and Date of Death, ‡ died at *North Chelmsford, June 1 1890*
Disease or Cause of Death, § *Meningitis*
Duration of sickness, *one week*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F E Varney M. D.
North Chelmsford

Date of Certificate, *June 3rd 1890*

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Delia Kendrick* Sex, *female* Color, *white*
 Date of Death, *June 6, 1900* 1899 ; Age, *56* Years, — Months, — Days.
 Maiden Name, { If married, widowed or divorced. } *Delia Gregg*
 Husband's Name, *John Kendrick*
 Single, Married, Widowed or Divorced, *Married* Occupation, *at home*
 *Residence, { If out of town, } *No Chelmsford Mass*
 { also state fully }
 Place of Birth, *England*
 *Place of Death, *North Chelmsford*
 Name of Father, *unknown*
 Birthplace of Father, *unknown*
 Maiden Name of Mother, *unknown*
 Birthplace of Mother, *unknown*
 Place of Interment, (Give name of Cemetery), *Edson Cemetery*
 Dated at *Sowell* Signature and place of business of Undertaker, { *C. M. Young & Co*
 on *June 6, 1900* { *33 Prescott St*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Delia Kendrick* Age, *56* Y. — M. — D.
 Place and Date of Death, died at *North Chelmsford June 6, 1900*
 Disease or Cause of Death,‡ *Paralysis*
 Duration of sickness, *Several months*

I certify that the above is true to the best of my knowledge and belief.

 Signature and Residence
 of
 Certifying Physician.

Amos Howard M. D.
Chelmsford Mass.
Date of Certificate *June 6, 1900*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Howard

RETURN OF A DEATH.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

PHYSICIAN'S CERTIFICATE.

I certify that the above is true to the best of my knowledge and belief.

Date of Certificate, June 9th 1902

† Or sex of infant not named. If still-born, so state. † If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ...

189

Filed, ...

189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John I. Wotton Sex, Male Color, whiteDate of Death, June 12, 1900 ; Age, 77 Years, — Months, — Days.Maiden Name, { If married, widowed
or divorced. }

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Carpenter*Residence, { If out of town, }
{ also state fully }

Place of Birth, ...

*Place of Death, ...

Name of Father, ...

Birthplace of Father, ...

Maiden Name of Mother, ...

Birthplace of Mother, ...

Place of Interment, (Give name of Cemetery), ...

Dated at Lowellon June 13thI 900Signature and
place of business
of Undertaker.{ C. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased†

John I. Wotton Age, 77 Y. — M. — D.

Place and Date of Death,

died at North Chelmsford June 12, 1900

Disease or Cause of Death,‡

Gastric Enteritis

Duration of sickness,

four weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.F. E. Varney M. D.
North ChelmsfordDate of Certificate, June 13th1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary A. Webster Sex, female Color, white
 Date of Death, July 9 1 1900; Age, 64 Years, — Months, — Days.
 Maiden Name, { If married, widowed or divorced. } Mary A. Ferson
 Husband's Name, John N. Webster
 Single, Married, Widowed or Divorced, Widow Occupation, at home
 *Residence, { If out of town, also state fully. } North Chelmsford Mass
 Place of Birth, Bennington N. H.
 *Place of Death, North Chelmsford
 Name and Birthplace of Father, Moses B. Ferson Francistown N. H.
 Maiden Name and Birthplace of Mother, Sally Colby Bennington N. H.
 Place of Interment, (Give name of Cemetery), Nashua N. H.
 Dated at Lowell
 on July 10 1900 Signature and place of business of Undertaker. { C. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary A. Webster Age, 64 Y. — M. — D.
 Place and Date of Death, died at North Chelmsford July 9th 1900.
 Disease or Cause of Death, ‡ { Primary, Caries of Spine Duration, one year
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.F. E. Varney

M. D.

North Chelmsford,Date of Certificate, July 10th1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary J. De Carteret, Sex, F, Color, W.
 Date of Death, July 10th 1900; Age, 33 Years, 11 Months, 13 Days.
 Maiden Name, { If married, widowed or divorced. } Mary J. Ellis
 Husband's Name, John De Carteret,
 Single, Married, Widowed or Divorced, _____ Occupation, housewife.
 *Residence, { If out of town, also state fully. } N. Chelmsford, Mass.
 Place of Birth, Island of Jersey { British Isles }
 *Place of Death, N. Chelmsford, Mass.
 Name and Birthplace of Father, John Ellis, { Birthplace Unknown }
 Maiden Name and Birthplace of Mother, Rachel De Feyer, Jersey Island
 Place of Interment, (Give name of Cemetery), N. Chelmsford
 Dated at N. Chelmsford, Mass. Signature and place of business of Undertaker, { John Marinell Jr.
 on July 10th 1900 N. Chelmsford, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary J. De Carteret Age, 33 Y. 11 M. 13 D.
 Place and Date of Death, died at N. Chelmsford July 10 1900.
 Disease or Cause of Death, † { Primary, Child birth Duration, 3 hours
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { F. E. Farney M. D.
N. Chelmsford
 Date of Certificate, July 10th 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

190_____

Filed, _____

190_____

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has

been delivered to the

FORM D.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ernest W. Hall Sex, m. Color, w.

Date of Death, July 10th 1900; Age, 4 Years, 8 Months, — Days.

Maiden Name, { If married, widowed or divorced. } _____

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, also state fully. } N. Chelmsford Mass.

Place of Birth, N. Chelmsford Mass.

*Place of Death, N. Chelmsford Mass.

Name and Birthplace of Father, Isaac Hall, N. Ashua N. H.

Maiden Name and Birthplace of Mother, Abbie E. Newman, Lowell Mass.

Place of Interment, (Give name of Cemetery), Friends Corner Cemetery, Tyngsboro Mass.

Dated at N. Chelmsford on July 11th 1900 Signature and place of business of Undertaker. { John Marinell Jr.
N. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ernest W. Hall Age, — Y. 8 M. — D.

Place and Date of Death, died at July 11 No. Chelmsford July 11 1900.

Disease or Cause of Death,† { Primary, Meningitis. Duration, one week.
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Varney M. D.
North Chelmsford

Date of Certificate, July 12 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190____.

Filed, _____ 190____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Timothy Adams Sex, M. Color, W.
 Date of Death, July 15 1900; Age, 69 Years, 4 Months, 19 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, ...
 Single, Married, Widowed or Divorced, ... Occupation, Farmer
 *Residence, { If out of town, } Chelmsford Mass
 also state fully
 Place of Birth, Carlisle "
 *Place of Death, Chelmsford "
 Name of Father, Benjamin Adams
 Birthplace of Father, Carlisle "
 Maiden Name of Mother, Abi Heald
 Birthplace of Mother, Carlisle "
 Place of Interment, (Give name of Cemetery), Carlisle "
 Dated at Lowell Signature and place of business of Undertaker. { J. B. Currier
 on July 16, 1900 Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Timothy Adams Age, 69 Y. 4 M. 19 D.
 Place and Date of Death, died at Chelmsford Mass July 15, 1900
 Disease or Cause of Death,‡ Apoplexy
 Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

 Signature and Residence
 of
 Certifying Physician.

Arthur H. Gibson M. D.
Chelmsford, Mass.
Date of Certificate July 16, 1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Roddy Sex, _____ Color, _____Date of Death, July 16th 1900 Age, _____ Years, _____ Months, 1 Days.Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, }
also state fully Billerica St. Chelmsford

Place of Birth, _____

*Place of Death, _____

Name of Father, John RoddyBirthplace of Father, IllMaiden Name of Mother, Jenny RossBirthplace of Mother, IllPlace of Interment, (Give name of Cemetery), St. Patrick's CemeteryDated at Mass Signature andon July 16 1900 place of business
of Undertaker. { James F. O'Donnell
374 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Roddy. Age, 1 day.Date and Place of Death,† - died at Chelmsford, Mass., July 16, 1900;Disease or Cause of Death, - of Prenature.
(Primary and Secondary)‡

Duration of Sickness, - - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Arthur G. Seaborn, Chelmsford, Mass.Date of Certificate, July 16, 1900.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

No.

RETURN OF THE DEATH.

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

holder in whose house a death occurs, the oldest person next of kin present at the death, or the person in charge of an institution in which a death occurs, shall, within death, give notice thereof to the board of health or to the clerk of the city or town in

ing officer of a vessel shall give notice of the death of any person under his charge clerk of the city or town within the Commonwealth at which his vessel first arrives neglect to comply with the requirements of sections 6 and 7, five dollars.

who has attended a person during his last illness shall forthwith after the death of a person for registration a certificate setting forth the required facts.

deceased was a soldier who served in the war of the rebellion, give both the primary cause of death as nearly as he can state the same. } Penalty for refusal or neglect, ten

having engaged in the funeral rites preliminary to the interment of a human body certificate made in accordance with section 10, and return it, together with the facts required of health or to the clerk of the city or town in which the death occurred.

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec'd

FORM C.

166

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Cassie M. Gurr Sex, ... Color, ...

Date of Death, July - 18th 1890 Age, 19 Years, ... Months, ... Days.

Maiden Name, { If married, widowed }
or divorced. }

Husband's Name, ...

Single, Married, ~~Widowed~~ or ~~Divorced~~, ... Occupation, ...

*Residence, { If out of town, }
{ also state fully } North Chelmsford Mass

Place of Birth, Ireland

*Place of Death, North Chelmsford Mass

Name of Father, Michael M. Gurr

Birthplace of Father, Ireland

Maiden Name of Mother, Keenan

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), St. Patrick's Lowell Mass

Dated at Lowell Signature and

on July 18th 1890 place of business
of Undertaker, { Wm. F. Rogers
81 Central St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Cassie M. Gurr Age, 19 Y. M D.

Place and Date of Death, died at North Chelmsford Mass July 18th 1890

Disease or Cause of Death,‡ Typhoid Fever

Duration of sickness, 3 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F. E. Varney M. D.
of
Certifying Physician. } North Chelmsford

Date of Certificate July 18th 1890

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd Aug 19

No.
RETURN OF THE DEATH.
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

See

167

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Violet O'Keefe Kelly Sex, F Color, W

Date of Death, July 23 1900, Age, 1 Years, 0 Months, 4 Days.

Maiden Name, (If married, widowed or divorced.)

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, also state fully. } Chelmsford, Mass.

Place of Birth, Newbury

*Place of Death, Chelmsford

Name of Father, Eugene O. Kelly

Birthplace of Father, Galway Ireland

Maiden name of Mother, Ellen O'Keefe

Birthplace of Mother, Parsonstown, Kings Co. Ireland

Place of Interment, (Give name of Cemetery), Pine Ridge, Chelmsford

Dated at Chelmsford on July 25 1900 Signature and place of business of Undertaker. { Walter Perham
Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Violet O.K. Kelley Age, 1 Y. 0 M. 4 D.

Place and Date of Death, ‡ died at Chelmsford Mass. July 23 1900

Disease or Cause of Death, § Convulsions

Duration of sickness, One day

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Mass Howard M. D.
Chelmsford Mass.

Date of Certificate, July 24 1900

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd July 26

No.

RETURN OF THE DEATH

OF

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

RETURN OF A DEATH.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

PHYSICIAN'S CERTIFICATE.

I certify that the above is true to the best of my knowledge and belief.

Date of Certificate, July 26, 189100.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH

OF

at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Jennie Purcell Sex, fe Color, W.

Date of Death, July 31 1890; Age, 20 Years, — Months, — Days.

Maiden Name, { Married, widowed or divorced. }

Husband's Name, ...

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, Occupation, ...

*Residence, { If out of town, also state fully } 79 Sherman St Lowell.

Place of Birth, Lowell Mass.

*Place of Death, South Chelmsford.

Name of Father, Joseph Purcell.

Birthplace of Father, England.

Maiden Name of Mother, Elizabeth Mattinson

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), St Pat Cemetery.

Dated at Lowell Mass Signature and place of business of Undertaker, { Peter Lavery.

on July 31 1890 { 124 Market St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Jennie Purcell Age, 20 Y. M. D.

Place and Date of Death, died at 77 Sherman St. July 31 1890

Disease or Cause of Death,‡ Phthisis

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Edward J. Welch. M. D. 24 Russell Bldg.

Date of Certificate Aug. 1st 1890

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary Spaulding Shed Sex, F Color, W.
 Date of Death, August 3 1900 ; Age, 96 Years, 10 Months, _____ Days.
 Maiden Name, { If married, widowed or divorced. } Mary Spaulding
 Husband's Name, Amos Shed
 Single, Married, Widowed or Divorced, Widowed Occupation, Housewife
 * Residence, { If out of town, } Chelmsford
 Place of Birth, _____
 * Place of Death, _____
 Name and Birthplace of Father, Sheribiah Spaulding Chelmsford(?)
 Maiden Name and Birthplace of Mother, Relief Webber, Probably Beverly
 Place of Interment, (Give name of Cemetery), Chelmsford Center
 Dated at Chelmsford Signature and place of business of Undertaker, { Walter Perham
 on Aug. 3 1900 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary Spaulding Shed, Age, 96 Y. 10 M. _____ D.
 Place and Date of Death, died at Chelmsford, Mass. Aug. 3, 1900.
 Disease or Cause of Death, ‡ { Primary, Cholera Morbus Duration, about 1 week
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Arthur G. Scoboria, M. D.
Chelmsford, Mass.

Date of Certificate, Aug. 3, 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at
.....

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are received by the Board of Health or the clerk or agent thereof, with countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation, not exceeding fifty dollars.



Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Carleton M. Richard Sex, Male Color, white
Date of Death, Aug 8 1900; Age, 1 Years, 5 Months, 24 Days.
Maiden Name, { If married, widowed or divorced. } _____
Husband's Name, _____
Single, Married, Widowed or Divorced, single Occupation, at home
*Residence, { If out of town, } Chelmsford Mass
Place of Birth, Chelmsford Mass
*Place of Death, Chelmsford Mass
Name and Birthplace of Father, George W. Richard Littleton Mass
Maiden Name and Birthplace of Mother, Bertha Wilson Boston Mass
Place of Interment, (Give name of Cemetery), Chelmsford Cemetery
Dated at Lowell Signature and place of business of Undertaker, { C. M. Young & Co
on Aug 8th, 1900 { 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Carleton M. Richard Age, 1 Y. 5 M. 23 D.
Place and Date of Death, died at Chelmsford Aug. 8th 1900.
Disease or Cause of Death, † { Primary, Whooping Cough Duration, 2 weeks,
Secondary, Convulsions Duration, 2 days.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

Amasa Howard M. D.

Date of Certificate, Aug. 8th 1900

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health and the clerk of the city or town for registration.

SECTION 5. Penalty for violation not fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary A. M. Nulty Sex, _____ Color, _____
 Date of Death, Aug 11 1900, Age, 28 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed }
 or divorced. _____
 Husband's Name, _____
 Single, ~~Married~~, Widowed or Divorced, _____ Occupation, at Home
 *Residence, { If out of town, } East Chelsea road Mass
 also state fully. _____
 Place of Birth, _____
 *Place of Death, _____
 Name and Birthplace of Father, Michael M. Nulty Ireland
 Maiden Name and Birthplace of Mother, Budget Baint Ireland
 Place of Interment, (Give name of Cemetery), St Patrick's Cemetery, East Chelsea, Mass
 Dated at East Chelsea Mass Signature and place of business { James F. O'Sullivan
 on Aug 11 1900 of Undertaker. 324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary A. M. Nulty Age, 28 Y. M. D.
 Place and Date of Death, died at E. Chelsea road Aug. 11th 1900.
 Disease or Cause of Death, † { Primary, Phthisis Duration, _____
 Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.Edward J. Walsh

M. D.

21 Kimmel's BldgDate of Certificate, Aug 12th 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 † If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mathias Hitchins Sex, M Color, ...Date of Death, Aug. 24 1900; Age, 74 Years, ... Months, ... Days.Maiden Name, { If married, widowed
or divorced. }

Husband's Name, ...

Single, Married, Widowed or Divorced, M Occupation, Farmer*Residence, { If out of town,
also state fully. } ChelmsfordPlace of Birth, Carlisle*Place of Death, ChelmsfordName and Birthplace of Father, Benjamin (Carlisle)Maiden Name and Birthplace of Mother, Phoebe (Goulding) CarlislePlace of Interment, (Give name of Cemetery), CarlisleDated at Chelmsfordon Aug 25 1900Signature and
place of business
of Undertaker.Thomas A Green
Carlisle Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mathias HitchinsAge, 74 Y. M. D.

Place and Date of Death, ...

died at Chelmsford, Mass.Aug. 24, 1900.Disease or Cause
of Death, † { Primary,
Secondary, }Choleca morbus

Duration, ...

Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.Arthur G. Scoboria

M. D.

Chelmsford, Mass.Date of Certificate, Aug. 25, 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Kate S. Knowlton Sex, 7 Color, W.
 Date of Death, Aug. 26, 1900; Age, 42 Years, 2 Months, 17 Days.
 Maiden Name, { If married, widowed } Susan Kate Hoy
 of divorced.
 Husband's Name, George H. Knowlton
 Single, Married, Widowed or Divorced, _____ Occupation, House wife
 *Residence, { If out of town, } Chelmsford
 also state fully.
 Place of Birth, Montville, Maine
 *Place of Death, Chelmsford, Mass.
 Name and Birthplace of Father, Robert Hoy, Montville, Me.
 Maiden Name and Birthplace of Mother, Catherine Bond, Atlantic Ocean
 Place of Interment, (Give name of Cemetery), Montville, Maine.
 Dated at Chelmsford Mass. Signature and place of business of Undertaker. { Walter Peckham
 on Aug 27 1900 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Kate S. Knowlton Age, 42 Y. 2 M. 17 D.
 Place and Date of Death, died at Chelmsford, Mass. Aug. 26, 1900.
 Disease or Cause of Death, † { Primary, Fracture of Skull and Duration, _____
 { Secondary, Cerebral haemorrhage Duration, 24 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Arthur A. Seaborne M. D.
Chelmsford, Mass.

Date of Certificate, Aug. 28, 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Record Aug. 28

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

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SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Frederick Westburg Sex, M. Color, W.Date of Death, August 30 1900; Age, _____ Years, _____ Months, _____ Days.Maiden Name, { If married, widowed }
or divorced. }

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, }
also state fully. }Place of Birth, West Chelmsford, Mass.*Place of Death, West Chelmsford, Mass.Name and Birthplace of Father, Carl Westburg, SwedenMaiden Name and Birthplace of Mother, Anna Wilson, SwedenPlace of Interment, (Give name of Cemetery), West Chelmsford, Mass.Dated at West Chelmsford, Mass.on August 30 1900.Signature and
place of business
of Undertaker.{ Wm. E. Parkman
West Chelmsford**PHYSICIAN'S CERTIFICATE.**

Name and Age of Deceased,†

Frederick Westburg Age, _____ Y. 6 M. 13 D.

Place and Date of Death,

died at West Chelmsford Aug 30 1900.Disease or Cause
of Death,†{ Primary,
Secondary,Whooping Cough Duration, one week

Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.{ F. E. Varney M. D.
North ChelmsfordDate of Certificate, Aug 30 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Clara A. H. Adams Sex, female Color, white
 Date of Death, Aug 29th 1900; Age, 72 Years, 7 Months, — Days.
 Maiden Name, { If married, widowed or divorced. } Widow
 Husband's Name, Thomas J. Adams
 Single, Married, Widowed or Divorced, Widow Occupation, at home
 *Residence, { If out of town, } North Chelmsford
 also state fully. { Temple, N. H.
 Place of Birth, North Chelmsford
 *Place of Death, North Chelmsford
 Name and Birthplace of Father, Joseph Holt Wilton N. H.
 Maiden Name and Birthplace of Mother, Clara F. Mansur
 Place of Interment, (Give name of Cemetery), North Chelmsford
 Dated at S Lowell Signature and place of business of Undertaker. { C. M. Young & Co
 on Aug 30, 1900 { 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Clara A. H. Adams Age, 72 Y. 7 M. — D.
 Place and Date of Death, died at North Chelmsford Aug 29 1900
 Disease or Cause of Death, † { Primary, Uraemia Duration, 4 days
 { Secondary, Disease of Heart & Kidneys Duration, 3 years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F. E. Farney M. D.
North Chelmsford

Date of Certificate, Aug 30 1900

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

And B. J. 1

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Rose M. Mully Sex, _____ Color, _____Date of Death, Sept 6th 1900; Age, 24 Years, _____ Months, _____ Days.Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, }
also state fully. Chelmsford MassPlace of Birth, Chelmsford*Place of Death, ChelmsfordName and Birthplace of Father, Michael M. Mully IrelandMaiden Name and Birthplace of Mother, Bridget BarrettPlace of Interment, (Give name of Cemetery), St Patrick's, Yarnell MassDated at Yarnell Signature and
on Sept 6th 1900 place of business
of Undertaker. { John F. Rogers
816 Central St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Rose M. Mully Age, 24 Y. _____ M. _____ D. _____Place and Date of Death, died at Chelmsford Sept 6th 1900.Disease or Cause { Primary, Phthisis Duration, _____
of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician. {Edward J. Walsh M. D.21 Russell Bldg - LowellDate of Certificate, Sept 7th 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Jose McVerty
E. Deenford
at _____

Date, *Sept 6* 190*0*.

Filed, *" 7* 190*0*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Leonard Guyette Sex, M Color, W
Date of Death, Sept 7 1890; Age, — Years, 1 Months, — Days.
Maiden Name, { If married, widowed }
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, }
also state fully. _____
Place of Birth, St. Edmunds, Mass.
*Place of Death, St. Edmunds, Mass.
Name of Father, Charles D. Smith
Birthplace of Father, Canada
Maiden name of Mother, Elizabeth Herbert
Birthplace of Mother, Barnstable, Mass.
Place of Interment, (Give name of Cemetery), Catholic, St. Mary's, Lowell, Mass.
Dated at St. Edmunds, Mass. Signature and
on Sept 7th 1890. place of business { Peter Barry
of Undertaker. 134 Market. Lowell.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Leonard Guyette Age, — Y. 1 M. 14 D.
Place and Date of Death, ‡ died at West Chelmsford Sept. 7 1890
Disease or Cause of Death, § Marasmus
Duration of sickness, one month

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F E Farney

M. D.

North Chelmsford

Date of Certificate, Sept. 7 - 1890

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....
at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James C. Nicholson Sex, Male Color, White
 Date of Death, Sept 17 1900 ; Age, 43 Years, 5 Months, — Days.
 Maiden Name, { If married, widowed }
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Married Occupation, _____
 *Residence, { If out of town, } North Chelmsford Mass
 also state fully. _____
 Place of Birth, Prince Edwards Island
 *Place of Death, 147 Whitman St North Chelmsford
 Name and Birthplace of Father, Daniel Nicholson P.E. Isle
 Maiden Name and Birthplace of Mother, Anna Mc Kenzie
 Place of Interment, (Give name of Cemetery), North Chelmsford
 Dated at S Lowell Signature and
 on Sept 17 1900 place of business
 of Undertaker. { C. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James C. Nicholson Age, 43 Y. 5 M. — D.
 Place and Date of Death, died at No Chelmsford Sept 17 1900.
 Disease or Cause { Primary, Consumption Duration, _____
 of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

Volcan Barlett M. D.
Samuel E. Mann

Date of Certificate, Sept 17 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 † If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

.....

at 190.....

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death, to the Board of Health, the board or agent shall forthwith register the same.

SECTION 5. Penalty for violation of section 1, five dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Emma Tuttle Sex, F Color, w.
 Date of Death, Sept 19 1900; Age, 53 Years, 18 Months, 18 Days.
 Maiden Name, { If married, widowed } Baker
 or divorced.
 Husband's Name, George Tuttle
 Single, Married, Widowed or Divorced, At home Occupation,
 *Residence, { If out of town, } East Chelmsford
 also state fully.
 Place of Birth, England
 *Place of Death, East Chelmsford
 Name and Birthplace of Father, Stephen Baker "
 Maiden Name and Birthplace of Mother, Ann Everett "
 Place of Interment, (Give name of Cemetery), Edson Cemetery
 Dated at Lowell Sept 20 1900 Signature and
 on _____ 1900 place of business
 of Undertaker. { J. Blumier
Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mrs Emma Tuttle Age, 53 Y. — M. 18 D.
 Place and Date of Death, died at East Chelmsford Sept 19 1900.
 Disease or Cause { Primary, Transition Duration, _____
 of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Guy Hobbins M. D.
295 Central St

Date of Certificate, Sept 20 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 † If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

- Dr Hobbins -

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Veronica Murphy Sex, F Color, W.
Date of Death, Sept 23 1900; Age, — Years, 4 Months, 12 Days.
Maiden Name, { If married, widowed }
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, } Somerville
also state fully. _____
Place of Birth, Boston
*Place of Death, Chelmsford
Name and Birthplace of Father, _____
Maiden Name and Birthplace of Mother, Jenny Murphy Nova Scotia
Place of Interment, (Give name of Cemetery), St Patrick's Cem. Somerville
Dated at Chelmsford Signature and place of business of Undertaker, { Walter L. Shaw
on Sept 25 1900 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Veronica Murphy Age, 4 Y. 4 M. 12 D.
Place and Date of Death, died at Chelmsford, Mass. Sept 23, 1900.
Disease or Cause of Death, ‡ { Primary, Marasmus Duration, 2 weeks.
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.{ Arthur G. Scoboria M. D.
Chelmsford, Mass.Date of Certificate, Sept. 25, 1900.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has

of record, the body
registration.

SECTION 5. Penalty for violation

OWN TO

Rec

182

FORM C.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James M. Hardy Sex, M, Color, W
Date of Death, Oct. 1 1900; Age, 77 Years, _____ Months, _____ Days.
Maiden Name, { If married, widowed } _____
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, M Occupation, Retired
*Residence, { If out of town, } Chelseaford
also state fully. _____
Place of Birth, Warner, N. H.
*Place of Death, Chelseaford
Name and Birthplace of Father, Silas Not known
Maiden Name and Birthplace of Mother, Rhoda (Harvey) " " "
Place of Interment, (Give name of Cemetery), Lowell Cemetery
Dated at Lowell Signature and place of business of Undertaker. { Blumier
on October 1 1900 Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James M. Hardy Age, 77 Y. _____ M. _____ D. _____
Place and Date of Death, died at Chelseaford Oct. 1, 1900.
Disease or Cause of Death, † { Primary, Heart Failure Duration, _____
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Arthur G. Seaboria, M. D.
Chelseaford, Mass.

Date of Certificate, Oct. 1, 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Elizabeth Richardson Sex, W Color, W
 Date of Death, Oct 14 1900; Age, 58 Years, 7 Months, Days.
 Maiden Name, { If married, widowed or divorced. } Elizabeth Walker
 Husband's Name, Harman Richardson
 Single, Married, Widowed or Divorced, Married Occupation, Housewife
 *Residence, { If out of town, also state fully. } Chelmsford
 Place of Birth, Yorkshire Co. England
 *Place of Death, Chelmsford
 Name and Birthplace of Father, Geo. Walker Yorkshire Co. Eng.
 Maiden Name and Birthplace of Mother, Mary Robinson " " "
 Place of Interment, (Give name of Cemetery), Edson Cemetery, Lowell
 Dated at Chelmsford Signature and place of business of Undertaker, { Walter Perham
 on Oct 15 1900 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Elizabeth Richardson Age, 58 Y. 7 M. D.
 Place and Date of Death, died at Chelmsford Oct 14th 1900.
 Disease or Cause of Death, ‡ { Primary, Gastritis Duration, 6 weeks.
 { Secondary, Duration,

I certify that the above is true to the best of my knowledge and belief.

 Signature and Residence
 of
 Certifying Physician.

Mass Howard M. D.
Chelmsford
Date of Certificate, Oct 15th 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board of health shall issue a permit for burial, and the body shall be buried in the place designated for registration.

SECTION 5. Penalty for

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Names, Mildred and Martha M^cCluskey Sex, Cluskey Color, W.
 Date of Death, October 7th 1900; Age, — Years, # Months, # Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } N. Chelmsford Mass
 also state fully.
 Place of Birth, N. Chelmsford Mass
 *Place of Death, N. Chelmsford Mass
 Name and Birthplace of Father, James M^cCluskey Scotland
 Maiden Name and Birthplace of Mother, Annie Towles Baltimore Maryland
 Place of Interment, (Give name of Cemetery), N. Chelmsford Mass
 Dated at N. Chelmsford Signature and place of business of Undertaker, { John Marinel Jr.
 on Mass Oct 8th 1900 N. Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Mildred & Martha M^cCluskey Age, lived but few minutes Y. M. D.
 Place and Date of Death, died at North Chelmsford Oct 7 1900.
 Disease or Cause { Primary, Premature Birth Duration, _____
 of Death, ‡ Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

J. E. Farney M. D.
North Chelmsford

Date of Certificate, Oct 9- 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ...

190.....

Filed, ...

190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *William Ryan* Sex, *male* Color, *white*Date of Death, *Oct 23* 1900, Age, *—* Years, *7* Months, *—* Days.Maiden Name, { If married, widowed }
or divorced.Husband's Name, *—*Single, Married, Widowed or Divorced, *—* Occupation, *—**Residence, { If out of town, } *158 Fenwick St. Lowell*
also state fullyPlace of Birth, *—**Place of Death, *North Chelmsford Mass.*Name of Father, *Martin Ryan*Birthplace of Father, *Ireland*Maiden Name of Mother, *Mary Jones*Birthplace of Mother, *Lowell*Place of Interment, (Give name of Cemetery), *St. Patrick's Cemetery*Dated at *Lowell*on *Oct 23* 1900Signature and
place of business
of Undertaker.*C. H. Malloy*
Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased†

William Ryan Age, *7* Y. *—* M. *—* D.

Place and Date of Death,

died at *92 Summer St. Oct 23, 1900*

Disease or Cause of Death,‡

Malnutrition

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief

Signature and Residence
of
Certifying Physician*Wm. Foster* M. D.*Resident Physician*

Date of Certificate

Oct 23rd 1900 *St. John's Hosp**Lowell, Mass.*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd Oct-23-

No.

RETURN OF THE DEATH.

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

186

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles W Bowley Sex, _____ Color, _____
 Date of Death, Oct 26 1900 ; Age, 37 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Painter
 *Residence, { If out of town, } Chelmsford Mass
 also state fully. _____
 Place of Birth, Chelmsford Mass
 *Place of Death, Chelmsford
 Name and Birthplace of Father, James Bowley Maine
 Maiden Name and Birthplace of Mother, Catherine Lighton
 Place of Interment, (Give name of Cemetery), St Patrick
 Dated at Lowell Signature and place of business of Undertaker, { J H Mc Dermott
 on Oct 26 1900 { 70 York Ave

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† _____ Age, _____ Y. _____ M. _____ D. _____
 Place and Date of Death, died at _____ 1900 .
 Disease or Cause of Death,† { Primary, Ac Poisoning Duration, _____
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

J. C. Irish Medical Examiner
267 Summit St.

Date of Certificate, Dec 27 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 † If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Martha E Wyman* Sex, *female* Color, *white*
 Date of Death, *Nov 9, 1900* ; Age, *69* Years, *7* Months, — Days.
 Maiden Name, { If married, widowed } *Martha E Webster*
 or divorced.
 Husband's Name, *Josiah Wyman*
 Single, Married, Widowed or Divorced, *Widow* Occupation, *at home*
 *Residence, { If out of town, } *East Chelmsford Mass*
 also state fully
 Place of Birth, *Hooksett N. H.*
 *Place of Death, *East Chelmsford*
 Name of Father, *William Webster*
 Birthplace of Father, *Dracut Mass*
 Maiden Name of Mother, *Martha*
 Birthplace of Mother, *Billerica Mass*
 Place of Interment, (Give name of Cemetery), *Edson Cemetery*
 Dated at *East Chelmsford* Signature and place of business of Undertaker. { *C. M. Young & Co*
 on *9th Nov 1900* { *33 Prescott St*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Martha E Wyman* Age, *69* Y. *7* M. — D.
 Place and Date of Death, died at *East Chelmsford Nov 9, 1900*
 Disease or Cause of Death,‡ *Pleuritis*
 Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence {
 of
 Certifying Physician. }

C. M. Irish M. D.
267 Huntington St

Date of Certificate *Nov 10 1900*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having a

Rev

188

FORM C.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Fannie A. Randall Sex, F Color, W.
 Date of Death, November 6 1900 ; Age, 60 Years, 4 Months, 3 Days.
 Maiden Name, { If married, widowed or divorced. } Fannie A. Danforth
 Husband's Name, Wm J. Randall
 Single, Married, Widowed or Divorced, Married Occupation, Housewife
 *Residence, { If out of town, also state fully. } Chelmsford
 Place of Birth, Bloomfield Conn.
 *Place of Death, Chelmsford
 Name and Birthplace of Father, Nathaniel B. Danforth, Canterbury N.H.
 Maiden Name and Birthplace of Mother, Agnes Ballou, Deerfield N.H.
 Place of Interment, (Give name of Cemetery), Pine Ridge Cem. Chelmsford.
 Dated at Chelmsford Signature and place of business of Undertaker. { Walter Perkins
 on Nov 7 1900 Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Fanny A. Randall Age, 60 Y. 4 M. 3 D.
 Place and Date of Death, died at Chelmsford, Mass. Nov. 6, 1900.
 Disease or Cause of Death, ‡ { Primary, Epidemic Influenza Duration, _____
 { Secondary, Confusional Insanity Duration, About 8 mths.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Seaborn M. D.
Chelmsford, Mass.

Date of Certificate, Nov. 7, 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been received from the proper authorities.

SECTION 2. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

189

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Isiah Boudreau Sex, M Color, _____
 Date of Death, Nov 11 1900; Age, 63 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Carpenter
 *Residence, { If out of town, } N. Chelmsford
 also state fully. Canada
 Place of Birth, _____
 *Place of Death, North Chelmsford
 Name and Birthplace of Father, not known
 Maiden Name and Birthplace of Mother, not known
 Place of Interment, (Give name of Cemetery), St. Patrick Cemetery
 Dated at Lowell Mass Signature and place of business { James F. O'Hernell
 on Nov 12 1900 of Undertaker. 1324 Market St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Isiah Boudreau Age, 63 Y. M. D.
 Place and Date of Death, died at North Chelmsford Nov 11 1900.
 Disease or Cause { Primary, Pneumonia Duration, one week
 of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F. E. Varney M. D.
 of North Chelmsford
 Certifying Physician. }

Date of Certificate, Nov 12 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Recd Nov. 13

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the

Board of Health and Registrar

registration.

SECT

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Eugene Lowney Sex, _____ Color, _____
 Date of Death, Nov. 14 1900; Age, 72 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } East Chelmsford Mass.
 also state fully. _____
 Place of Birth, Ireland
 *Place of Death, East Chelmsford
 Name and Birthplace of Father, Michael - Ireland
 Maiden Name and Birthplace of Mother, Catherine Sullivan
 Place of Interment, (Give name of Cemetery), St. Patrick's
 Dated at Lowell Signature and place of business of Undertaker. { Peter H. Savage
 on Nov. 14 1900 { 169 Worthen St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Eugene Lowney Age, 72 Y. M. D.
 Place and Date of Death, died at East Chelmsford Nov. 14 1900.
Bronchitis
 Disease or Cause of Death, † { Primary, _____ Duration, _____
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

James F. Sullivan
Nov. 15 1900

M. D.

Date of Certificate, _____

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 † If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Rec'd Nov. 16

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith registration.

SECTION 5. Penalty for violation not exceeding

Commonwealth of Massachusetts.

191

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Peter Hogan Sex, _____ Color, _____Date of Death, Nov 20 1900; Age, 70 Years, _____ Months, _____ Days.Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

Single, ~~Married~~, Widowed or Divorced, _____ Occupation, Laborer*Residence, { If out of town, }
also state fully. West ChalmfordPlace of Birth, Ireland*Place of Death, West ChalmfordName and Birthplace of Father, Unknown Ireland

Maiden Name and Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), St Patrick Lowell MassDated at Lowellon 20 Nov 1900Signature and
place of business
of Undertaker.James H. McInerney
70 Gorham St**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † Peter Hogan Age, 70 Y. _____ M. _____ D. _____Place and Date of Death, died at West Chalmford Nov 20 1900.Disease or Cause { Primary, Encephalitis Duration, 6 weeks

of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.F. E. Farney M. D.
North ChalmfordDate of Certificate, Nov 20 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health...

Rec

FORM C.

192

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Jerusha Jane Shed Sex, 71 Color, W.

Date of Death, Nov 23 1900; Age, 73 Years, 10 Months, 21 Days.

Maiden Name, { If married, widowed or divorced. } Jerusha Jane Parkhurst

Husband's Name, John S. Shed

Single, Married, Widowed or Divorced, Widowed Occupation, Housewife

*Residence, { If out of town, also state fully. } Chelmsford Mass.

Place of Birth, "

*Place of Death, "

Name and Birthplace of Father, John Parkhurst, Chelmsford.

Maiden Name and Birthplace of Mother, Liviah Manning, Billerica

Place of Interment, (Give name of Cemetery), Chelmsford.

Dated at Chelmsford Signature and place of business of Undertaker, { Walter Perham

on Nov. 24 1900 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Jerusha Jane Shed Age, 73 Y. 10 M. 21 D.

Place and Date of Death, died at Chelmsford Mass. Nov. 23rd 1900.

Disease or Cause of Death, ‡ { Primary, Paralysis of Heart. Duration, X

{ Secondary, Old age Duration, X

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

Mass Howard M. D.
Chelmsford, Mass.

Date of Certificate, Nov. 25th 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190

Filed, ... 190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Guy F. Noble Sex, Male Color, White
 Date of Death, Nov. 25 190 0; Age, 1 Years, 0 Months, 0 Days.
 Maiden Name, { If married, widowed } X
 or divorced.
 Husband's Name, X
 Single, Married, Widowed or Divorced, X Occupation, X
 *Residence, { If out of town, } So. Chelmsford, Mass
 also state fully.
 Place of Birth, Amherst, N.H.
 *Place of Death, South Chelmsford, Mass.
 Name and Birthplace of Father, Hiram H. Noble, Pittsfield, Me.
 Maiden Name and Birthplace of Mother, Hattie A. Heald, Westford, Mass.
 Place of Interment, (Give name of Cemetery), Green Cemetery, Carlisle, Mass.
 Dated at Chelmsford Signature and place of business of Undertaker, { Thomas A. Green,
 on Nov. 26 190 0 { Carlisle, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Guy Franklin Noble Age, 1 Y. 0 M. 0 D.
 Place and Date of Death, died at Chelmsford, Mass. Nov. 25, 190 0.
 Disease or Cause of Death,† { Primary, Acute Bronchitis Duration, 2 weeks
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

Arthur H. Sepponen M. D.
Chelmsford, Mass.

Date of Certificate, Nov - 26, 190 0.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ...

190

Filed, ...

190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the

Commonwealth of Massachusetts.

194

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah Warley Sex, F. Color, W.
 Date of Death, December 14th 1900; Age, 59 Years, - Months, - Days.
 Maiden Name, { If married, widowed or divorced. } Sarah Warley
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, housework
 *Residence, { If out of town, } N. Chelmsford Mass.
 also state fully. {
 Place of Birth, Plymouth England
 *Place of Death, N. Chelmsford Mass.
 Name of Father, Thomas Warley
 Birthplace of Father, Plymouth England
 Maiden name of Mother, Mary Lake
 Birthplace of Mother, Plymouth England
 Place of Interment, (Give name of Cemetery), N. Chelmsford Mass.
 Dated at N. Chelmsford Signature and place of business of Undertaker. { John Marinel Jr.
 on Dec 15th 1900 N. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sarah Warley Age, 59 Y. M. D.
 Place and Date of Death, † died at North Chelmsford Dec. 14th 189 1900
 Disease or Cause of Death, § Cancer

Duration of sickness, one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { G A Harlow M. D.
Tyngsboro Mass
 Date of Certificate, Dec. 18th 1900

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)
Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of a

Rec

175

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Jaffrey Seveaney Sex, m. Color, w.
Date of Death, Dec 16 1890; Age, — Years, 10 Months, — Days.
Maiden Name, { If married, widowed }
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, } West Chelmsford Mass.
also state fully. _____
Place of Birth, West Chelmsford Mass.
*Place of Death, West Chelmsford Mass.
Name of Father, Desire Seveaney
Birthplace of Father, Canada
Maiden name of Mother, Alise Robechau
Birthplace of Mother, Canada
Place of Interment, (Give name of Cemetery), St Joseph Cemetery Lowell Mass.
Dated at N. Chelmsford Signature and place of business of Undertaker, { Joseph Albert 57 Chestnut
on Dec 16 1890 Lowell Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Jaffrey Seveaney Age, — Y. — M. 10 D.
*Place and Date of Death, ‡ died at West Chelmsford Mass Dec 16 1890
Disease or Cause of Death, § Convulsions
Duration of sickness, one day

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F. E. Farney

M. D.

North Chelmsford

Date of Certificate, Dec 20th 1890

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)
Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Emma J. Safford* Sex, *female* Color, *white*
 Date of Death, *Dec 17th 1900* ; Age, *47* Years, *3* Months, *2* Days.
 Maiden Name, { If married, widowed } *Emma J. Patt*
 or divorced.
 Husband's Name, *Harry Safford*
 Single, Married, Widowed or Divorced, *Widow* Occupation, *at home*
 *Residence, { If out of town, } *East Chelmsford*
 { also state fully }
 Place of Birth, *Central Falls R. I.*
 *Place of Death, *East Chelmsford*
 Name of Father, *Ornam. Patt*
 Birthplace of Father, *Pawtucket R. I.*
 Maiden Name of Mother, *Martha Simes*
 Birthplace of Mother, *Pawtucket R. I.*
 Place of Interment, (Give name of Cemetery), *Edson Cemetery*
 Dated at *Lowell* Signature and place of business { *C. M. Young & Co.*
 on *Dec 18th 1900* of Undertaker. { *33 Prescott St*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Emma J. Safford* Age, *47* Y. *3* M. *2* D.
 Place and Date of Death, died at *East Chelmsford Dec 17, 1900*
 Disease or Cause of Death,† *Anthrax*
 Duration of sickness, *About two weeks*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence {
 of
 Certifying Physician.

J. H. Waller

M. D.

*16 Branch St*Date of Certificate *Dec 19* 1900

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

Emma J. Safford
at *S. Safford*

Date, *Dec 17* 1900

Filed, *Dec 19* 1900

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

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197

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Agnes Dowd* Sex, _____ Color, _____

Date of Death, *Dec 19* 189*0*; Age, *17* Years, _____ Months, _____ Days.

Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

Single, ~~Married~~, Widowed or Divorced, _____ Occupation, *House Work*

*Residence, { If out of town, }
also state fully *North Chelmsford*

Place of Birth, *Ireland*

*Place of Death, *St John's Hospital*

Name of Father, *Michael Dowd*

Birthplace of Father, *Ireland*

Maiden Name of Mother, *not known*

Birthplace of Mother, *Ireland*

Place of Interment, (Give name of Cemetery), *St Patrick's Cemetery*

Dated at *Wrentham* Signature and

on *Dec 19* 189*0* place of business { *James F. O'Donnell*
of Undertaker. *324 Market St*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Agnes Dowd* Age, *17* Y. _____ M. _____ D. *1900*

Place and Date of Death, died at *St. John's Hospital Lowell Dec 19*

Disease or Cause of Death,‡ *mastoiditis*

Duration of sickness, *two months.*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { *Fredrick A. Leahy* M. D.
of { *Resident Surgeon St. John's Hosp*
Certifying Physician. *Lowell*

Date of Certificate _____ I

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Wrentham

No.
RETURN OF THE DEATH.

OF
.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John W Ward Sex, _____ Color, _____Date of Death, Dec 28 1890 Age, 60 Years, _____ Months, _____ Days.Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

Single, ~~Married~~, Widowed or Divorced, _____ Occupation, Farmer*Residence, { If out of town, }
{ also state fully } So. ChelmsfordPlace of Birth, So. Chelmsford*Place of Death, So. ChelmsfordName of Father, Jonathan WBirthplace of Father, MaineMaiden Name of Mother, Mary NewcombBirthplace of Mother, MainePlace of Interment, (Give name of Cemetery), So. ChelmsfordDated at So. Chelmsford Signature andon Dec 29 1900 place of business
of Undertaker. { Samuel J. Ryan
So. Chelmsford }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† John W. Ward Age, 60 Y. _____ M. _____ D. _____Place and Date of Death, died at So. Chelmsford, Mass., Dec. 28, 1900.Disease or Cause of Death,† PneumoniaAbout two weeks.

Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.{ Arthur L. Scoboria M. D.
Chelmsford, Mass. }Date of Certificate Jan. 2 1901.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.

OF
.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John W Ward Sex, ... Color, ...Date of Death, Dec 28 1890 Age, 60 Years, ... Months, ... Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, ~~Married~~, Widowed or Divorced, ... Occupation, Farmer*Residence, { If out of town, }
{ also state fully } So. ChelmsfordPlace of Birth, So. Chelmsford*Place of Death, So. ChelmsfordName of Father, Jonathan WBirthplace of Father, MaineMaiden Name of Mother, Mary NewcombBirthplace of Mother, MainePlace of Interment, (Give name of Cemetery), So. ChelmsfordDated at So. Chelmsford Signature andon Dec, 29 1900 place of business
of Undertaker. { Walter T. Bryant
So. Chelmsford }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† John W. Ward Age, 60 Y. M. D.Place and Date of Death, died at So. Chelmsford, Mass., Dec. 28, 1900.Disease or Cause of Death,† Acute Lobar Pneumonia.Duration of sickness, About two weeks.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Arthur G. Scoboria M. D.
of
Certifying Physician. { Chelmsford, Mass.Date of Certificate Jan. 2 1901.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

at

Date, ...

Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, _____ Sex, *f* Color, _____
 Date of Death, *Dec 22* 1900 ; Age, _____ Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed } *Still born*
 or divorced. }
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } *Chelmsford.*
 { also state fully. }
 Place of Birth, _____
 *Place of Death, _____
 Name and Birthplace of Father, *E. N. Galloway Lawrence. Mass.*
 Maiden Name and Birthplace of Mother, *Catherine Egan England*
 Place of Interment, (Give name of Cemetery), *Pine Ridge Cem Chelmsford*
 Dated at *Dec 23 1900 Chelmsford* Signature and place of business of Undertaker. { *Walter Perham*
 on _____ 190 _____ *Chelmsford*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Stillborn* Age, _____ Y. _____ M. _____ D.
 Place and Date of Death, died at *Chelmsford, Mass.* *Dec. 22, 1900.*
 Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Arthur L. Scoboria M. D.,
Chelmsford, Mass.

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Bridget Loucraft Sex, Fe Color, White
 Date of Death, Jan 10 1901; Age, — Years, — Months, 1 Days.
 Maiden Name, { If married, widowed }
 or divorced. —
 Husband's Name, —
 Single, Married, Widowed or Divorced, — Occupation, —
 *Residence, { If out of town, } 148 Carey St. North Chelmsford Mass
 also state fully —
 Place of Birth, —
 *Place of Death, —
 Name of Father, Nelson J. Loucraft
 Birthplace of Father, Caanan N. H.
 Maiden Name of Mother, Mary Reilly
 Birthplace of Mother, Ireland
 Place of Interment, (Give name of Cemetery), St. Patrick's
 Dated at North Chelmsford Signature and place of business of Undertaker. { C. H. Hallor
 on Jan 10 1901 { Z. Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Bridget Loucraft Age, — Y. — M. — D.
 Place and Date of Death, died at North Chelmsford Jan 10 1901
 Disease or Cause of Death,‡ Premature Birth
 Duration of sickness, lived 3 or 4 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician. {F. E. Varney M. D.
North ChelmsfordDate of Certificate. Jan 11th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *William G. Grady* Sex, *Male* Color, *White*

Date of Death, *Jan 11th 1901* ; Age, *48* Years, *9* Months, *10* Days.

Maiden Name, { If married, widowed or divorced. }

Husband's Name, ...

Single, Married, Widowed or Divorced, *Married* Occupation, *Machinist*

*Residence, { If out of town, also state fully } *Chelmsford Mass*

Place of Birth, *Champlain N. Y.*

*Place of Death, *Chelmsford Mass*

Name of Father, *William Grady*

Birthplace of Father, *Ireland*

Maiden Name of Mother, *Barbara Brown*

Birthplace of Mother, *Scotland*

Place of Interment, (Give name of Cemetery), *Reading Mass*

Dated at *S Lowell*
on *Jan 12th 1901*

Signature and
place of business
of Undertaker.

C. M. Youngblood
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *William G. Grady* Age, *48* Y. *9* M. *10* D.

Place and Date of Death, died at *Chelmsford Jan 11. 1901*

Disease or Cause of Death,‡ *Bright's Disease of Kidney*

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Wm Bass, M. D.

Date of Certificate *Jan 12 1901*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Jan 12

No.

RETURN OF THE DEATH.

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

and a copy of the certificate shall be filed in the office of the board of health, and the board of health shall be required by section 1, to file the board of health.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Harry Bryant Emerson Sex, W Color, WDate of Death, Jan 15 1901 ; Age, 35 Years, ... Months, ... Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, Cattle Dealer*Residence, { If out of town, }
also state fully ChelmsfordPlace of Birth, Woburn Mass*Place of Death, ChelmsfordName of Father, James P. Emerson #Birthplace of Father, "Maiden Name of Mother, Adeline E. KithridgeBirthplace of Mother, LowellPlace of Interment, (Give name of Cemetery), ChelmsfordDated at Chelmsford Signature andon Jan 15 1901 place of business
of Undertaker. { J. B. Emerson
Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Harry B. Emerson Age, 35 Y. M D.Place and Date of Death, died at Chelmsford Jan 15 1901 IDisease or Cause of Death,‡ Double PneumoniaDuration of sickness, 8 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Amasa Howard M. D.
of
Certifying Physician. ChelmsfordDate of Certificate Jan. 15th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

A. Howard

1865-1901

No.
RETURN OF THE DEATH.

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten

dollars

to the interment of a human body

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Dorothy Haskell Sex, Fem. Color, W.
 Date of Death, Jan. 23 1901; Age, 36 Years, — Months, 2 Days.
 Maiden Name, { If married, widowed } Dorothy Baldwin
 or divorced.
 Husband's Name, Charles Haskell
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } Golden Lane, Shelmsford Mass
 also state fully.
 Place of Birth, Auburn N.H.
 *Place of Death, Golden Lane, Shelmsford Mass
 Name of Father, (Unknown) Baldwin
 Birthplace of Father, Florida
 Maiden Name of Mother, Wickover
 Birthplace of Mother, _____
 Place of Interment, (Give name of Cemetery), Eden Cemetery
 Dated at Lewell Mass Signature and place of business of Undertaker, { Geo. H. Brooks
 on Jan 25 1901 { 16 Market St. Lewell Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Dorothy Haskell Age, 36 Y. — M. 2 D.
 Place and Date of Death, died at Golden Lane, Shelmsford Mass Jan 23
 Disease or Cause of Death,‡ Apoplexy
 Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Geo. H. Thomas M. D.
 of
 Certifying Physician. { 304 Westford St

Date of Certificate Jan 24 1901 I

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

..... the funeral primary to the of a human body together with the facts re- quired by I, the board of health of the city or town in which the death occurred.

Per

205

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Bartholomew Louche Sex, ... Color, ...

Date of Death, Jan. 31 1901, Age, 64 Years, ... Months, ... Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, ...

*Residence, { If out of town, }
{ also state fully } East Chelmsford

Place of Birth, Ireland

*Place of Death, East Chelmsford

Name of Father, John

Birthplace of Father, Ireland

Maiden Name of Mother, Mary

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), St. Patrick's Cemetery

Dated at Lowell Signature and

on 31 Jan. 1901 place of business
of Undertaker. Peter H. Savage
169 Worthen St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Bartholomew Louche Age, 65 Y. M. D.

Place and Date of Death, died at East Chelmsford Jan 31 1901

Disease or Cause of Death,‡ La Grippe

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician

M. D.

Date of Certificate Jan. 1 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Feb 1

No.

RETURN OF THE DEATH.

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *John Mumith Park* Sex, *Male* Color, *White*
 Date of Death, *February 3^d* 189*0*; Age, *79* Years, *11* Months, *23* Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name,
 Single, Married, Widowed or Divorced, *Married* Occupation, *Farmer*
 *Residence, { If out of town, } *South Chelmsford, Mass*
 also state fully.
 Place of Birth, *Windham N. H.*
 *Place of Death, *So. Chelmsford*
 Name of Father, *Alexander Park*
 Birthplace of Father, *Windham*
 Maiden name of Mother, *Elizabeth Mumith*
 Birthplace of Mother,
 Place of Interment, (Give name of Cemetery), *Dart Pond Cemetery*
 Dated at *So. Chelmsford* Signature and place of business { *H. P. Bayne*
 on *Feb. 3* 189*0* of Undertaker. { *So. Chelmsford*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *John V. Park* Age, *79* Y. *11* M. *23* D.
 Place and Date of Death, ‡ died at *South Chelmsford Feb. 3 1890*
 Disease or Cause of Death, § *Arterio-Sclerosis*
 Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

Edward H. Chamberlain M. D.
Chelmsford, Mass.

Date of Certificate, *February 6th* 189*0*.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

..... the statement of a person in charge of a vessel or institution

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Graciella Michel Sex, Female Color, White
 Date of Death, Feb. 4 1901 ; Age, — Years, 4 Months, — Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, —
 Single, Married, Widowed or Divorced, Single Occupation, —
 *Residence, { If out of town, } # North Chelmsford Mass
 also state fully
 Place of Birth, Lawrence Mass
 *Place of Death, # North Chelmsford Mass
 Name of Father, Hector Michel
 Birthplace of Father, Canada
 Maiden Name of Mother, Anna Provencier
 Birthplace of Mother, Canada
 Place of Interment, (Give name of Cemetery), St Joseph Cemetery
 Dated at Lowell Mass Signature and place of business
 on Feb 5 1901 of Undertaker, { Joseph Albert
#57 Cheever

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Graciella Michel Age, Y. 4 M. — D. —
 Place and Date of Death, died at North Chelmsford Mass Feb 4 1901
 Disease or Cause of Death,‡ Whooping Cough
 Duration of sickness, 3 weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

J. E. Farney M. D.
North Chelmsford Mass

Date of Certificate Feb 5th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH.
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Martha A Blood Sex, Female Color, white
 Date of Death, February 12 1901; Age, 65 Years, 3 Months, 10 Days.
 Maiden Name, { If married, widowed or divorced. } Martha A Crosby
 Husband's Name, John N. Blood
 Single, Married, Widowed or Divorced, Married Occupation, _____
 *Residence, { If out of town, } Carlisle Mass
 Place of Birth, Asterville Mass
 *Place of Death, Chelmsford Mass
 Name and Birthplace of Father, Daniel Crosby
 Maiden Name and Birthplace of Mother, Abigail Bodfish
 Place of Interment, (Give name of Cemetery), Carlisle Mass
 Dated at Chelmsford Mass Signature and place of business of Undertaker, { Thomas A. ...
 on February 13th 1901 { Carlisle Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Martha A. Blood Age, 65 Y. 3 M. 10 D.
 Place and Date of Death, died at Chelmsford Mass. Feb. 12th 1901.
 Disease or Cause of Death, ‡ { Primary, Myocarditis Duration, several months,
 { Secondary, Bronchitis Duration, 3 weeks.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.Date of Certificate, Feb. 13th 1901.

M. D.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ...

190.....

Filed, ...

190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health the board

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *William Tole* Sex, ... Color, ...Date of Death, *Feb 16* 18*91*, Age, *25* Years, *6* Months, ... Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, ... Occupation, ...*Residence, { If out of town, }
{ also state fully } *Highland Ave. North Chelmsford*Place of Birth, ... *Frederick Maryland**Place of Death, ... *Highland Ave North Chelmsford*Name of Father, ... *James Tole*Birthplace of Father, ... *Ireland*Maiden Name of Mother, ... *Mary M. Tager*Birthplace of Mother, ... *Scotland*Place of Interment, (Give name of Cemetery), ... *Father's St. Paul's cemetery*Dated at *Weymouth Mass* Signature and
on *Feb 16th 1901* place of business
of Undertaker. { *James F. Donnelly*
324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *William Tole* Age, *25* Y. *6* M. D.Place and Date of Death, died at *North Chelmsford Mass* *Feb 16th 1901*Disease or Cause of Death,‡ *Consumption*Duration of sickness, *Fourteen months*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { *F E Varnly* M. D.
of *North Chelmsford Mass*
Certifying Physician. }Date of Certificate *Feb 17th* 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd Feb 18-1901

No.

RETURN OF THE DEATH.

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having...

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Clarence Flanders Wright Sex, M Color, WDate of Death, Feb 17 1901; Age, 13 Years, 1 Months, 27 Days.Maiden Name, { If married, widowed
or divorced. }

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, }
also state fully. }

Place of Birth, _____

*Place of Death, _____

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), _____

Dated at _____
on _____ 1901Signature and
place of business
of Undertaker.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Place and Date of Death,

Disease or Cause
of Death, ‡

Primary,

Secondary,

Clarence Flanders Wright Age, 13 Y. 1 M. 27 D.died at Chelmsford Feb. 17th 1901.Scarlet FeverDuration, 6 days,

Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.Amasa Howard

M. D.

Chelmsford Mass.Date of Certificate, Feb. 18th 1901.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countermand and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles Sweetser Sex, M Color, W
 Date of Death, March 4 1901; Age, 80 Years, 11 Months, 9 Days.
 Maiden Name, { If married, widowed }
 or divorced. }
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Widowed Occupation, Farmer
 *Residence, { If out of town, } Chelmsford Mass
 { also state fully. }
 Place of Birth, Westford, Mass.
 *Place of Death, Chelmsford, Mass.
 Name and Birthplace of Father, Elias Sweetser, Westford Mass (Probably)
 Maiden Name and Birthplace of Mother, Mary Adams Chelmsford, Mass.
 Place of Interment, (Give name of Cemetery), Chelmsford Center Cemetery
 Dated at Chelmsford, Mass. Signature and place of business of Undertaker. { Notary Perkins
 on Mar. 4 1901 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Charles Sweetser Age, 80 Y. 11 M. 9 D.
 Place and Date of Death, died at Chelmsford, Mass., Mar. 4 1901.
 Disease or Cause of Death, † { Primary, La Grippe Duration, 14 days
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { E. H. Chamberlain M. D.
Chelmsford, Mass.
 Date of Certificate, March 14th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Rec'd March 4 - 1901

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement is required by law, has

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Julia Sophia Ripley* Sex, *F* Color, *W*Date of Death, *April 7 1901* 189 ; Age, *45* Years, *9* Months, Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, *At home**Residence, { If out of town, }
also state fully

Place of Birth, ...

*Place of Death, ...

Name of Father, ...

Birthplace of Father, ...

Maiden Name of Mother, ...

Birthplace of Mother, ...

Place of Interment, (Give name of Cemetery), ...

Dated at *Lowell*on *Apr 9 1901*Signature and
place of business
of Undertaker.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased†

Place and Date of Death,

Disease or Cause of Death,‡

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Date of Certificate

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH.

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

213

FORM C.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, May Cook Sex, F Color, W

Date of Death, Apr 6 1901 ; Age, — Years, — Months, 1 Days.

Maiden Name, { If married, widowed } _____
or divorced.

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, } N. Chelmsford Mass.
also state fully.

Place of Birth, N. Chelmsford Mass.

*Place of Death, N. Chelmsford Mass. England

Name and Birthplace of Father, Joseph E. Cook, Beltham, Parkshire.

Maiden Name and Birthplace of Mother, Ellen Lee, Huddersfield, England

Place of Interment, (Give name of Cemetery), N. Chelmsford Mass.

Dated at N. Chelmsford
on Apr 7th 1901

Signature and
place of business
of Undertaker.

John Marjinal Jr.
N. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † May Cook Age, — Y. — M. 1 D.

Place and Date of Death, died at N. Chelmsford April 7th 1901.

Disease or Cause of Death, ‡ { Primary, Infantile Duration, _____
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F. E. Varney M. D.
N. Chelmsford

Date of Certificate, April 7th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Orestime Pagnon Sex, Male Color, WhiteDate of Death, Apr 3 1901 ; Age, 35 Years, 5 Months, 21 Days.Maiden Name, { If married, widowed
or divorced. } —Husband's Name, —Single, Married, Widowed or Divorced, Married Occupation, Laborer*Residence, { If out of town,
also state fully. } Chelmsford MassPlace of Birth, Canada*Place of Death, Chelmsford MassName of Father, Orestime PagnonBirthplace of Father, CanadaMaiden Name of Mother, Correy DailyBirthplace of Mother, CanadaPlace of Interment, (Give name of Cemetery), St Joseph CemeteryDated at Lowell Mass Signature and
on April 2 1901 of Undertaker, Joseph Albert
#57 Cheever

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Orestime Pagnon Age, 35 Y. — M. — D.Place and Date of Death, died at Chelmsford Mass April 2, 1901.Disease or Cause of Death,‡ Disease of Spinal.Duration of Sickness, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician, James Edward Leary M. D.
Lowell, Mass.Date of Certificate, April 2, 1901.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH

OF

at

Date, ... I

Filed, ... I

Acts. of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person shall obtain the physician's certificate in accordance with section 10, and the death shall be registered by section 11, the board of health or to the clerk of the city or town in which the death occurred.

Leary.

215

Re *Electa M. Carlton*

Name, *Electa M. Carlton*

Place of Death, *Stinson N.H.*

No., Street, ...

Ward, ..., Village, ...

How long a resident, *About 20 years*

Previous residence, ...

If death occurred at an institution give name of same, ...

How long an inmate, ...

Where from, ...

Date of Death: Year, *1901* Month, *April* Day, *3*

Age: Years, *71* Months, *3* Days, *18*

Place of Birth, *Chempford, Mass.*

Date of Birth: Year, *1830* Month, *Dec.* Day, *16*

Sex, *Female* Color, *White* Married, Single, Widowed, or Divorced, } *Single*

Occupation, ...

Cause of Death, *Chronic Heart Disease*

Duration, *5 or 6 years about*

Contributing Cause, ...

Duration, ...

Name of Father, *David Carlton*

Maiden Name of Mother, *Sarah Pollard*

Birthplace of Father, *Lowell Mass.*

Birthplace of Mother, *Hudson N.H.*

Occupation of Father, *Farmer*

Deceased was wife of

Widow of

Name of Physician (or other person) reporting said

..... *Chas E. Durant*

P. O. Address, ... *Haverhill*

Place of Interment, ... *Champhou*

Date of Interment, ... *April 6, 190*

Name of Cemetery, ...

Undertaker, ... *C. A. Town*

P. O. Address, ... *15 Court St. Ha*

THE STATE OF NEW HAMPSHIRE

I hereby certify that the above death record is
knowledge and belief.

..... *George A. Pag*

Clerk of *Spinson*

Date, ... *April 8, 190*

Rel

216

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William H. Pickard Sex, Male Color, White

Date of Death, March 23^d 1901 ; Age, 79 Years, 2 Months, 23 Days.

Maiden Name, { If married, widowed or divorced. }

Husband's Name, _____

Single, Married, Widowed or Divorced, Widower Occupation, Farmer

*Residence, { If out of town, also state fully. } South Chelmsford - Formerly North Reading

Place of Birth, Canterbury N.H.

*Place of Death, So. Chelmsford

Name of Father, Daniel Pickard

Birthplace of Father, Rowley Mass.

Maiden name of Mother, Susan Harvey

Birthplace of Mother, Louden N.H.

Place of Interment, (Give name of Cemetery), North Reading

Dated at So. Chelmsford
on March 23 1901

Signature and
place of business
of Undertaker.

Daniel P. Bean
So. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Wm. H. Pickard Age, 79 Y. 2 M. 23 D.

Place and Date of Death, ‡ died at So. Chelmsford Mar. 23 1901

Disease or Cause of Death, § Senile degeneration.

Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Amasa Howard M. D.

Date of Certificate, Mar. 23 1901

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. _____
RETURN OF THE DEATH

OF

at _____

Date, _____ 189 _____.

Filed, _____ 189 _____.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John B Shields Sex, _____ Color, _____Date of Death, March 15 1901; Age, 17 Years, _____ Months, _____ Days.Maiden Name, { If married, widowed } _____
or divorced.

Husband's Name, _____

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, operative*Residence, { If out of town, } North Chelmsford
also state fully.Place of Birth, North Chelmsford Mass*Place of Death, North ChelmsfordName and Birthplace of Father, John Shields IrelandMaiden Name and Birthplace of Mother, Mary Carrin IrelandPlace of Interment, (Give name of Cemetery), St Patrick LowellDated at Lowell Signature andon March 15 1901 place of business { J H Mc Dermott
of Undertaker. 70 Goshawk St**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † John B Shields Age, 17 Y. _____ M. _____ D. _____Place and Date of Death, died at North Chelmsford Mass March 15th 1901.Disease or Cause { Primary, Pneumonia Duration, 18 days

of Death, ‡ { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F. E. Varney M. D.of { North Chelmsford

Certifying Physician.

Date of Certificate, March 16th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ...

190

Filed, ...

190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished with the permit, and the cause of death. When such statement and certificate are received by the Board of Health, and the body is removed from the place where it was found, the body shall be taken to the town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Charlotte S. Moore* Sex *female* Color, *white*
 Date of Death, *April 10* 1901; Age, *58* Years, *1* Months, *7* Days.
 Maiden Name, { If married, widowed } *Charlotte S. Parker*
 or divorced.
 Husband's Name, *James W. Moore*
 Single, Married, Widowed or Divorced, *Married* Occupation, *at home*
 *Residence, { If out of town, } *North Chelmsford*
 { also state fully. }
 Place of Birth, *New Brunswick*
 *Place of Death, *North Chelmsford*
 Name of Father, *William Parker*
 Birthplace of Father, *England*
 Maiden Name of Mother, *Catherine Smith*
 Birthplace of Mother, *Novisotia*
 Place of Interment, (Give name of Cemetery), *Littleton Mass*
 Dated at *Lowell* Signature and place of business { *C. M. Young & Co.*
 on *April 11. 1901* of Undertaker. { *33 Prescott St*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Charlotte S. Moore* Age, *58* Y. *1* M. *7* D.
 Place and Date of Death, died at *North Chelmsford April 10. 1901*
 Disease or Cause of Death,‡ *Shock*
 Duration of Sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence {
 of
 City Physician.

Geo. B. Thomas M. D.
304 Welford St

Date of Certificate *April 12 1901**Lowell*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ...

Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral shall prepare a preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and shall transmit together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Pre

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mrs Arthur Macdonnell Sex, Female Color, White
Date of Death, April 10 1901 ; Age, 31 Years, 3 Months, 20 Days.
Maiden Name, { If married, widowed or divorced. } Nellie Rosella Suptick
Husband's Name, Arthur Raymond Macdonnell
Single, Married, Widowed or Divorced, Married Occupation, Housewife
*Residence, { If out of town, also state fully. } South Chelmsford Mass
Place of Birth, Cherryfield Maine
*Place of Death, So Chelmsford Mass
Name of Father, Marshall Suptick
Birthplace of Father, Salem Mass
Maiden name of Mother, Martha M. Willig
Birthplace of Mother, Cherryfield Me
Place of Interment, (Give name of Cemetery), So Chelmsford
Dated at So Chelmsford Signature and place of business of Undertaker. { Harriet P. Brown
on April 11 1901 { So Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Nellie Rosella Macdonnell, Age, 31 Y. 3 M. 20 D.
Place and Date of Death, ‡ died at So Chelmsford, Mass., April 10th, 189-1901.
Disease or Cause of Death, § Acute Indigestion and Cardiac Asthenia.
Duration of sickness, 38 hours.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Scoboria M. D.
Chelmsford, Mass.

Date of Certificate, April 11, 1901 -189-.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

at
.....

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (Sec section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's

Rel

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John Shields Sex, _____ Color, _____
Date of Death, April 16 1901 ; Age, 51 Years, _____ Months, _____ Days.

Maiden Name, { If married, widowed } _____
or divorced.

Husband's Name, _____

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Laborer

*Residence, { If out of town, } North Chelmsford
{ also state fully. }

Place of Birth, Ireland

*Place of Death, North Chelmsford

Name of Father, Bernard

Birthplace of Father, Ireland

Maiden Name of Mother, Hannah McLean Adams

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), St Patrick

Dated at Lowell Signature and

on April 18 1901 place of business
of Undertaker, { J H Mc Dermott
70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† John Shields Age, 57 Y. M. D.

Place and Date of Death, died at North Chelmsford April 16th 1901

Disease or Cause of Death,‡ Pulmonary Tuberculosis

Duration of Sickness, Eight months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence } F E Varney M. D.
of } North Chelmsford
City Physician. }

Date of Certificate April 17th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd April 18

No.
RETURN OF THE DEATH
OF
.....
at
Date, ...
Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

221

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, McEunaney Sex, _____ Color, WDate of Death, Apr 21st 1901 ; Age, _____ Years, _____ Months, _____ Days.Maiden Name, { If married, widowed
or divorced. }

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town,
also state fully. }

Place of Birth, _____

*Place of Death, _____

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), _____

Dated at N. Chelmsfordon Apr 21st 1901Signature and
place of business
of Undertaker.{ John Marinell Jr.
N. Chelmsford Mass**PHYSICIAN'S CERTIFICATE.**

Name and Age of Deceased, †

McEunaney Age, _____ Y. _____ M. _____ D.

Place and Date of Death,

died at N. Chelmsford April 21 1901.Disease or Cause
of Death, ‡

Primary,

Secondary,

Still born Duration, _____

Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.{ F E Varner M. D.
N. ChelmsfordDate of Certificate, April 21st 1901.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Rec'd Apr 23

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary Brown Sex, female Color, white
 Date of Death, April 30 1901; Age, 55 Years, 6 Months, 20 Days.
 Maiden Name, { If married, widowed or divorced. } Mary Plunkett
 Husband's Name, James Brown
 Single, Married, Widowed or Divorced, Married Occupation, at home
 *Residence, { If out of town, { also state fully. } West Chelmsford Mass
 Place of Birth, Scotland
 *Place of Death, West Chelmsford
 Name and Birthplace of Father, James Plunkett Scotland
 Maiden Name and Birthplace of Mother, Jennette McKinzie
 Place of Interment, (Give name of Cemetery), West Chelmsford
 Dated at S Lowell Signature and place of business of Undertaker. { C. M. Young & Co
 on May 1st 1901 { 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary Brown Age, 55 Y. 6 M. 20 D.
 Place and Date of Death, died at West Chelmsford April 30 1901.
 Disease or Cause of Death, † { Primary, Disease of Liver Duration, 4 months
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D.
North Chelmsford

Date of Certificate, May 1st 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 † If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Hannah E. Kimball Sex, F Color, W.
 Date of Death, May 3, 1901; Age, 67 Years, 6 Months, 11 Days.
 Maiden Name, { If married, widowed or divorced. } Hannah Hill Elliott
 Husband's Name, Wilson Kimball
 Single, Married, Widowed or Divorced, Married Occupation, Housewife
 *Residence, { If out of town, also state fully. } Chelmsford, Mass.
 Place of Birth, Thornnton N. H.
 *Place of Death, Chelmsford, Mass.
 Name and Birthplace of Father, Ephraim Elliott, Campton, N. H.
 Maiden Name and Birthplace of Mother, Loverly Elkins
 Place of Interment, (Give name of Cemetery), Edson Cemetery Lowell, Mass.
 Dated at Chelmsford, Mass. Signature and place of business of Undertaker. { Walter Perham
 on May 4 1901 { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Hannah E. Kimball Age, 67 Y. 6 M. 11 D.
 Place and Date of Death, died at Chelmsford, Mass. May 3^d 1901.
 Disease or Cause of Death, ‡ { Primary, Cancer Duration, _____
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Edward H. Chamberlain M. D.
Chelmsford, Mass.
 Date of Certificate, May 4th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James H. Ayer Sex, M Color, WDate of Death, May 6 1901 ; Age, 57 Years, .. Months, .. Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, .. Occupation, Restaurant*Residence, { If out of town, }
also state fully. 10. ChelmsfordPlace of Birth, New Brunswick N. B.*Place of Death, 10. ChelmsfordName of Father, Albert AyerBirthplace of Father, New Brunswick N. B.Maiden Name of Mother, Cynthia ColeBirthplace of Mother, Whitefield N. H.Place of Interment, (Give name of Cemetery), Whitefield N. H.Dated at Lowell Signature andon May 6 1901 place of business
of Undertaker. { J. B. Blauvelt
Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† James H. Ayer Age, 57 Y. M. D.Place and Date of Death, died at North Chelmsford May 6 1901Disease or Cause of Death,‡ Disease of Heart (Mitral Regurgitation)Duration of Sickness, Two years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence } P. B. Blauvelt M. D.
of
City Physician } 40 Second St. Lowell,Date of Certificate May 6th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

d. Me. Conn.

No.
RETURN OF THE DEATH

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

225

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Her name* *(Billson)* Sex, _____ Color, *White*.

Date of Death, *May 9* ~~189~~ ; Age, *—* Years, *—* Months, *—* Days.

Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, }
also state fully. _____

Place of Birth, *West Chelmsford, Mass.*

*Place of Death, *West Chelmsford, Mass.*

Name of Father, *David B. Billson*

Birthplace of Father, *West Chelmsford, Mass.*

Maiden name of Mother, *Elizabeth*

Birthplace of Mother, *West Chelmsford, Mass.*

Place of Interment, (Give name of Cemetery), *West Chelmsford, Mass.*

Dated at _____

on *May 9* 189 *7*

Signature and
place of business
of Undertaker.

A. E. Parkhurst
West Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † _____

Billson Age, *lived but few minutes* *—* Y. *—* M. *—* D.

Place and Date of Death, † _____

died at *West Chelmsford* *May 9* 189 *7*

Disease or Cause of Death, § _____

Premature birth

Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F. E. Varney M. D.

West Chelmsford

Date of Certificate, _____

May 9th 189 *7*

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. † If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral shall

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Benj. Minot Fiske Sex, M. Color, W.

Date of Death, May 9 1901 ; Age, 75 Years, 3 Months, 10 Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, _____

Single, Married, Widowed or Divorced, Married Occupation, Retired

*Residence, { If out of town, }
also state fully. Chelmsford, Mass.

Place of Birth, Boston, Mass. Charlestown

*Place of Death, Chelmsford, Mass.

Name and Birthplace of Father, John Minot Fiske Lexington Mass.

Maiden Name and Birthplace of Mother, Elija Winn, Salem Mass.

Place of Interment, (Give name of Cemetery), Chelmsford Centre

Dated at Chelmsford, Mass. Signature and
on May 10 1901 place of business
of Undertaker. { Walter Parker
Chelmsford }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Benj. M. Fiske Age, 75 Y. 3 M. 10 D.

Place and Date of Death, died at Chelmsford May 9 1901.

Disease or Cause { Primary, Endocarditis Duration, 6 months.

of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Amasa Howard M. D.
of { Chelmsford
Certifying Physician. }

Date of Certificate, May 10 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Recd May 11

Agent of Board of Health.

No. _____
RETURN OF THE DEATH

OF

at _____

Date, _____ 190____.

Filed, _____ 190____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Eliza Fiske Winn Sex, 7 Color, W
 Date of Death, May 9, 1901; Age, 65 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Single Occupation, _____
 *Residence, { If out of town, } Chelmsford Mass.
 also state fully. _____
 Place of Birth, Salem Mass.
 *Place of Death, Chelmsford, Mass.
 Name and Birthplace of Father, John Winn, Salem, Mass.
 Maiden Name and Birthplace of Mother, Sarah Webber, Salem, Mass.
 Place of Interment, (Give name of Cemetery), Salem Mass.
 Dated at Chelmsford Mass. Signature and place of business { Walter Perham
 on May 10, 1901 of Undertaker. { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Eliza Fiske Winn Age, 65 Y. _____ M. _____ D. _____
 Place and Date of Death, died at Chelmsford, Mass. May 9th 1901.
 Disease or Cause { Primary, Strangulated Hernia Duration, 5 days
 of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Edward H. Chamberlain M. D.
 of _____
 Certifying Physician. { Chelmsford, Mass.
 Date of Certificate, May 11th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Recd May 11

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

.....

at

.....

Date,

190.....

Filed,

190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding dollars.

Rec

228

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Marie Rose Lambert Sex, Female Color, White

Date of Death, May 11 1901; Age, 1 Years, 1 Months, 7 Days.

Maiden Name, { If married, widowed or divorced. } Marie Rose Lambert

Husband's Name, Edmund Lambert

Single, Married, Widowed or Divorced, Married Occupation, Housewife

*Residence, { If out of town, also state fully. } Chelmsford, Mass.

Place of Birth, Chelmsford, Mass.

*Place of Death, Chelmsford, Mass.

Name of Father, Edmund Lambert

Birthplace of Father, Chelmsford, Mass.

Maiden Name of Mother, Mrs. Anna Rose

Birthplace of Mother, Chelmsford, Mass.

Place of Interment, (Give name of Cemetery), St. Luke's Cemetery

Dated at Chelmsford, Mass.

on May 11 1901 Signature and place of business of Undertaker, { St. Luke's Cemetery }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Marie Rose Lambert Age, 1 Y. 1 M. 7 D.

Place and Date of Death, died at Chelmsford, Mass. May 10th 1901

Disease or Cause of Death,‡ Broncho-Pneumonia

Duration of Sickness, about four (4) days.

I certify that the above is true to the best of my knowledge and belief.

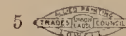
Signature and Residence of City Physician, { Edward H. Chamberlain M. D. Chelmsford, Mass. }

Date of Certificate, May 11th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.



Recd May 11

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Thomas Feiry* Sex, Color,Date of Death, *May 26* 1901; Age, *70* Years, Months, Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, Occupation, *Farmer**Residence, { If out of town, }
also state fully. *East Chelmsford*Place of Birth, *Ireland**Place of Death, *East Chelmsford*Name of Father, *not known*Birthplace of Father, *Ireland*Maiden Name of Mother, *not known*Birthplace of Mother, *Ireland*Place of Interment, (Give name of Cemetery) *G- Palmer Cemetery*Dated at *May 26*on *July* 1901 Signature and place of business of Undertaker, *J. J. Donnelly*
324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Age, *70* Y. M. D.Place and Date of Death, died at *E. Chelmsford*Disease or Cause of Death,‡ *Disease of liver*

Duration of Sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician, *James H. ...* M. D.
*Lowell*Date of Certificate, *May 28* 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd May 28

No.
RETURN OF THE DEATH
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

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SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William H. Reed Sex, Male Color, white
 Date of Death, May 29 1901; Age, 62 Years, 11 Months, 12 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Widowed Occupation, Salesman
 *Residence, { If out of town, }
 also state fully. West Chelmsford
 Place of Birth, Lowell Mass
 *Place of Death, West Chelmsford
 Name and Birthplace of Father, William Reed, unknown
 Maiden Name and Birthplace of Mother, Kezia Shattuck Pepperell
 Place of Interment, (Give name of Cemetery), Lowell Cemetery
 Dated at Lowell
 on 30th May 1901 Signature and place of business of Undertaker. { C. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † William H Reed Age, 62 Y. 11 M. 12 D.
 Place and Date of Death, died at West Chelmsford May 29th 1901.
 Disease or Cause of Death, † { Primary, Acute Hepatitis Duration, 5 days
 Secondary, Apoplexy Duration, 8 years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

G. A. Harlow M. D.
Tyngsboro

Date of Certificate, May 30th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Henry Reed

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

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SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

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[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 3. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Edwin Elbridge Dutton* Sex, *Male* Color, *white*
 Date of Death, *June 4* 18*91*; Age, *59* Years, *10* Months, *2* Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, *Married* Occupation, *Farmer*
 *Residence, { If out of town, } *Chelmsford, Mass.*
 also state fully.
 Place of Birth, *Chelmsford, Mass.*
 *Place of Death, *Chelmsford, Mass.*
 Name of Father, *Elbridge Dutton*
 Birthplace of Father, *Chelmsford, Mass.*
 Maiden name of Mother, *Laura Maria Wright.*
 Birthplace of Mother, *Westford, Mass.*
 Place of Interment, (Give name of Cemetery), *Chelmsford Centre*
 Dated at *Chelmsford* Signature and
 on *June 4* 18*91* place of business
 of Undertaker. { *Wm P Byers*
South Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Edwin E. Dutton*, Age, *59* Y. *10* M. *2* D.
 Place and Date of Death, ‡ died at *Chelmsford, Mass., June 4 1891/1901.*
 Disease or Cause of Death, § *Heart Disease - Mitral Regurgitation -*

 Duration of sickness, *Indefinite*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { *Arthur G. Scoboria* M. D.
 of
 Certifying Physician. { *Chelmsford, Mass.*

Date of Certificate, *June 8, 1901/1891.*

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... 189

Filed, ... 189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

232

Commonwealth of Massachusetts.

[ACTS OF 1897, CHAP. 444.]

SECTION 13. The clerk of each city and town shall forthwith make certified copies of the records of all births and deaths recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born were resident in any other city or town in this Commonwealth or any other state at the time of said birth or death; and shall transmit said certified copies to the clerk of the city or town in which such deceased person or parents were resident at the time of said birth or death, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk of every city or town in this Commonwealth so receiving such certified copies, or certified copies of births, deaths or marriages, from the clerk of a city or town without the Commonwealth, shall record the same in the books kept for recording births, deaths or marriages.

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

DEATH

recorded in the books of the City of Lowell,
(City or Town.)
during the month of June 1899. 1901

1. Date of Death, . . .	<u>June 12 1901</u>
2. Name, ...	<u>James W. McEnally</u>
(Maiden Name), . . .	
(Name of Husband), . . .	
3. Sex and Color, . . .	<u>Male W-</u>
4. Single, Married, Wid- owed or Divorced, . . .	<u>Married</u>
5. Age, ...	<u>38</u> Years, _____ Months, _____ Days.
(Disease or Cause of Death,	<u>Appendicitis</u>
6. Duration of Sickness,	
(By whom certified, . . .	<u>J. V. Mings M. D.</u>
7. Residence, ...	<u>Highland Avenue North Chelmsford</u>
8. Occupation, ...	<u>Sexton in Church</u>
9. Place of Death, ...	<u>St John's Hospital Lowell Mass.</u>
10. Place of Birth, ...	<u>North Chelmsford.</u>
11. Name of Father, ...	<u>James</u>
12. Name of Mother, ...	<u>Mary (Ready)</u>
(Maiden Name.)	
13. Birthplace of Father, ...	<u>Ireland</u>
14. Birthplace of Mother, ...	<u>Ireland.</u>
15. Place of Interment, ...	<u>St Patrick Cem. Lowell Mass.</u>
(Name of Cemetery.)	

I certify that the foregoing is a true copy.

Attest:

Edward P. Adams
City

Clerk.
(City or Town.)

1899.

No.

COPY OF A RECORD
OF THE DEATH OF

.....
which occurred in the
(City or town.)

of
.....

..... 1899.

Filed 1899.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

1 Name, Frederick W. Blodgett Sex, M Color, W

2 Date of Death, June 29th 1901; Age, 86 Years, 8 Months, 2 Days.

3 Maiden Name, { If married, widowed }
or divorced.

4 Husband's Name, _____

☒ 5 ~~Single~~, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Farmer

6 *Residence, { If out of town, }
also state fully. North Chelmsford Mass.

7 Place of Birth, Tyngsboro Mass.

8 *Place of Death, N. Chelmsford Mass.

9 Name and Birthplace of Father, Frederick Blodgett (Birthplace Unknown)

10 Maiden Name and Birthplace of Mother, Hannah Parkhurst Dunstable Mass.

11 Place of Interment, (Give name of Cemetery), North Chelmsford River Side Cemetery

Dated at N. Chelmsford
on June 29th 1901

Signature and place of business of Undertaker. { John Marinelli
North Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Frederick W. Blodgett Age, 86 Y. 8 M. 2 D.

Place and Date of Death, died at North Chelmsford June 29 1901.

Disease or Cause of Death, † { Primary, Nephritis Duration, 2 years
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

F E Farrey M. D.
North Chelmsford

Date of Certificate, July 1 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When _____, _____ to the Board of Health, the board or agent shall forthwith countersign and transmit _____ to the _____ town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

234

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, David LeDuke Sex, Male Color, WhiteDate of Death, July 1st 18901; Age, 73 Years, 9 Months, 28 Days.Maiden Name, { If married, widowed }
or divorced.Husband's Name, David LeDukeSingle, Married, Widowed or Divorced, Married Occupation, Farmer*Residence, { If out of town, }
also state fully West Chelmsford, Mass.Place of Birth, Parish of St. Anne, P. Q. Canada.*Place of Death, West Chelmsford, Mass. U.S.A.Name of Father, Joseph LeDukeBirthplace of Father, Parish of St. Anne, P. Q. Canada.Maiden Name of Mother, Margaret PerrinBirthplace of Mother, Parish of St. Anne, P. Q. Canada.Place of Interment, (Give name of Cemetery), West ChelmsfordDated at Lowell Signature and
on July 3, 1901 place of business
of Undertaker. J B Curran
Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† David LeDuke Age, 73 Y. 9 M. 28 D.Place and Date of Death, died at West Chelmsford, July 1, 1901Disease or Cause of Death,‡ Chronic CystitisDuration of sickness, Several months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Amasa Howard M. D.
of Chelmsford
Certifying Physician.Date of Certificate July 2 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd July 3.

No.
RETURN OF THE DEATH.

OF
.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. A person having charge of the body of a deceased person shall, within five days after the death, shall obtain the physician's certificate made in accordance with section 10 and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Per FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Still Born* Sex, *X* Color, ...

Date of Death, *July 1* 190*1*; Age, ... Years, ... Months, ... Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, { If out of town, } *Chelmsford Center*
also state fully.

Place of Birth, ... "

*Place of Death, ... "

Name of Father, *Adelaide Germain*

Birthplace of Father, *Canada*

Maiden Name of Mother, *Adeline Bernard*

Birthplace of Mother, *Canada*

Place of Interment, (Give name of Cemetery), *St. Joseph Chelmsford*

Dated at *Guilford*
on *July 1* 190*1* Signature and place of business of Undertaker, { *St. Anthony's*
738 Merrimack }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Age, ... Y. M. D.

Place and Date of Death, died at *July 1 1901* I

Disease or Cause of Death,‡ *Still Born*

Duration of Sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician, { *W. Richard Lowell* M. D. }

Date of Certificate, *July 1 1901*

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd July 1 1901

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

236

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Seth P. Sampson Sex, M Color, W
 Date of Death, July 1st 190 / ; Age, 78 Years, 10 Months, 1 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Mason
 *Residence, { If out of town, } North Chelmsford Mass.
 also state fully.
 Place of Birth, Fitchburg Mass.
 *Place of Death, N. Chelmsford
 Name and Birthplace of Father, Blaney Sampson, Fitchburg
 Maiden Name and Birthplace of Mother, _____
 Place of Interment, (Give name of Cemetery), Riverside Cemetery N. Chelmsford
 Dated at N. Chelmsford Mass Signature and
 on July 1st 190 / place of business
 of Undertaker. { John Marinelli
N. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Seth P. Sampson Age, 78 Y. 10 M. 1 D.
 Place and Date of Death, died at N. Chelmsford July 1st 190 / .
 Disease or Cause { Primary, Cancer Duration, several years.
 of Death, † { Secondary, old age Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Amasa Howard M. D.
Chelmsford Mass.

Date of Certificate, July 3rd 190 / .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

237

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Premature child Sex, Female Color, White
 Date of Death, July 1st 190 / ; Age, — Years, — Months, — Days.
 Maiden Name, { If married, widowed }
 or divorced. —
 Husband's Name, —
 Single, Married, Widowed or Divorced, — Occupation, —
 *Residence, { If out of town, }
 also state fully. —
 Place of Birth, Chelmsford, Mass.
 *Place of Death, " "
 Name and Birthplace of Father, William H. Bean, Mendon, N.H.
 Maiden Name and Birthplace of Mother, Fida B. Porter, Suncook, " "
 Place of Interment, (Give name of Cemetery), Pine Ridge Cemetery
 Dated at Chelmsford, Mass. Signature and
 on July 1st 190 / place of business
 of Undertaker. { Walter Perkins
Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Female child of Wm H. & Fida B. Bean Age, — Y. — M. — D.
 Place and Date of Death, died at Chelmsford, Mass. July 1st 190 / .
 Disease or Cause { Primary, Premature birth Duration, —
 of Death, † { Secondary, — Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Edward H. Chamberlin M. D.
Chelmsford, Mass.

Date of Certificate, July 1st 190 / .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 † If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

238

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ella G. Moore Sex, F Color, W

Date of Death, July 12 1901 ; Age, 49 Years, ... Months, ... Days.

Maiden Name, { If married, widowed or divorced. } Gilechrist

Husband's Name, George G. Moore

Single, Married, Widowed or Divorced, ... Occupation, At home

*Residence, { If out of town, } No. Chelmsford Mass
also state fully Lowell

Place of Birth, Lowell

*Place of Death, No. Chelmsford

Name of Father, George G. Gilechrist

Birthplace of Father, Knox Me.

Maiden Name of Mother, Nancy Fowle

Birthplace of Mother, Buxton Me.

Place of Interment, (Give name of Cemetery), Lowell Cemetery Lowell

Dated at Lowell Signature and place of business of Undertaker, { J. B. Currier
on July 13 1901 Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Mrs. Ella G. Moore Age, 49 Y. M. D.

Place and Date of Death, died at No. Chelmsford Mass July 12 1901

Disease or Cause of Death,‡ Paralysis of Bowels

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Date of Certificate July 13 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Dr. Irish

July 13

No.
RETURN OF THE DEATH.

OF
.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

see

239

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Margaret Larkin Sex, ... Color, ...

Date of Death, July 23d 1901; Age, 26 Years, ... Months, ... Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, ... Occupation, ...

*Residence, { If out of town, }
also state fully.

Place of Birth, ...

*Place of Death, ...

Name of Father, ...

Birthplace of Father, ...

Maiden Name of Mother, ...

Birthplace of Mother, ...

Place of Interment, (Give name of Cemetery), ...

Dated at Worcester Mass Signature and

on July 23d 1901 place of business
of Undertaker. { James F. O'Donnell
374 Main St }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Margaret Larkin Age, 26 Y. M. D.

Place and Date of Death, died at North Chelmsford July 23 1901

Disease or Cause of Death,† Consumption

Duration of Sickness, six months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence } F E Varney M. D.
of }
City Physician. } North Chelmsford

Date of Certificate July 23 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

* If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH
OF
.....
at
Date, ...
Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Daniel W Sleeper* Sex, *M* Color, *W*

Date of Death, *July 26 1901* ; Age, *63* Years, *6* Months, *10* Days.

Maiden Name, { If married, widowed or divorced. }

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, *Farmer*

*Residence, { If out of town, also state fully } *No. Chelmsford Mass*

Place of Birth, *" Ipswich "*

*Place of Death, *No. Chelmsford "*

Name of Father, *Jonathan W Sleeper*

Birthplace of Father, *Granton N. H.*

Maiden Name of Mother, *Hannah McMurphy*

Birthplace of Mother, *Alexandria N. H.*

Place of Interment, (Give name of Cemetery), *North Chelmsford*

Dated at *Lowell* Signature and place of business of Undertaker, { *J. B. Currier*

on *July 27 1901* *Lowell*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Daniel W Sleeper* Age, *63* Y. M. D.

Place and Date of Death, died at *No Chelmsford July 26 1901*

Disease or Cause of Death,‡ *General Paralysis*

Duration of sickness, *two years*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { *J. E. Farney* M. D. *North Chelmsford*

Date of Certificate *July 27 1901*

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Dr. Farney

No.

RETURN OF THE DEATH.

OF

at

Date, ...

Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Alma Graziella Lawrence* Sex, *Female* Color, *White*Date of Death, *July 30* 190*1*; Age, *—* Years, *—* Months, *1* Days.Maiden Name, { If married, widowed } *—*
or divorced.Husband's Name, *—*Single, Married, Widowed or Divorced, *—* Occupation, *—**Residence, { If out of town, } *# Chelmsford Center, Mass*
{ also state fully. }Place of Birth, *"**Place of Death, *"*Name of Father, *Frank Lawrence*Birthplace of Father, *Italy*Maiden Name of Mother, *Sarah Frazer*Birthplace of Mother, *Canada*Place of Interment, (Give name of Cemetery), *St Joseph Cemetery*Dated at *Lowell Mass* Signature andon *July 30* 190*1* place of businessof Undertaker, *Joseph Albert**#57 Chewer*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Alma Graziella Lawrence* Age, *—* Y. *—* M. *1* D.Place and Date of Death, died at *Chelmsford Center Mass, July 30 1901*Disease or Cause of Death,‡ *Premature Birth.*Duration of Sickness, *Lived 24 hours.*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
City Physician.*V. Lavin* M. D.*546 Middlesex St**Lowell Mass*Date of Certificate *July 30th 1901* I

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

July 31

No.
RETURN OF THE DEATH

OF

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

shall be made in accordance with section 10, and return it together with the facts required of health or to the clerk of the city or town in which the death occurred.

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Rec

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Frances L. Brown Sex female Color, white
Date of Death, Aug 8 1901; Age, 63 Years, 7 Months, 15 Days.
Maiden Name, { If married, widowed } Frances L. Sampere
or divorced.
Husband's Name, Hiram H. Brown
Single, Married, Widowed or Divorced, Widow Occupation, at home
*Residence, { If out of town, } Chelmsford Centre
{ also state fully, }
Place of Birth, Hartford Vermont
*Place of Death, Chelmsford Centre
Name of Father, Levi Sampere
Birthplace of Father, Hartford Vermont
Maiden Name of Mother, Fannie C. Sawyer
Birthplace of Mother, Hartford Vt
Place of Interment, (Give name of Cemetery), Chelmsford
Dated at Lowell Signature and place of business { C. M. Young & Co
on Aug 8 1901 of Undertaker, { 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Frances L. Brown Age, 63 Y. 7 M. 15 D.
Place and Date of Death, died at (Chelmsford) Mass., Aug. 8, 1901.
Disease or Cause of Death,† Prim. Malignant Disease of Liver
Secondary " " Stomach.
Duration of Sickness, 9 months +

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Arthur G. Seaborn M. D.
of { Chelmsford, Mass.
City Physician. }
Date of Certificate Aug. 9, 1901.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.



No.
RETURN OF THE DEATH
OF
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Re^o

243

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Samuel Sloan Sex, Male Color, White
 Date of Death, Aug 21st 1901; Age, 56 Years, 10 Months, _____ Days.
 Maiden Name, { If married, widowed }
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Married Occupation, Stonecutter
 *Residence, { If out of town, } So. Chelmsford Mass
 also state fully. _____
 Place of Birth, Freetown, Scotland
 *Place of Death, So. Chelmsford Mass.
 Name of Father, Samuel Sloan
 Birthplace of Father, Freetown Scotland
 Maiden name of Mother, Annie Green
 Birthplace of Mother, _____
 Place of Interment, (Give name of Cemetery), So Chelmsford Hart Pond Cemetery
 Dated at So Chelmsford Signature and Wm P. Byrnes
 on Aug 22 1901 place of business So Chelmsford Mass
 of Undertaker.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Samuel Sloan Age, 56 Y. 10 M. D.
 Place and Date of Death, † died at So. Chelmsford 189_____
 Disease or Cause of Death, § Tuberculosis
 Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

Wm A Johnson M. D.
Lowell, Mass

Date of Certificate, Aug 22 1901

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
 § If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Aug 22

No.

RETURN OF THE DEATH

OF

at

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

244

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Marion L Ward* Sex, ... Color, ...Date of Death, *Aug. 31* 1901; Age, ... Years, *3* Months, ... Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, { If out of town, }
also state fully. *North Chelmsford*

Place of Birth, ...

*Place of Death, ...

Name of Father, *Patrick*Birthplace of Father, *North Chelmsford*Maiden Name of Mother, *Rose Bambrick*Birthplace of Mother, *Lowell Mass*Place of Interment, (Give name of Cemetery), *St. Patrick's Cemetery Lowell Mass.*Dated at *Lowell* Signature andon *Aug. 31* 1901 place of business
of Undertaker, *169 Winter Street Lowell Mass.*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Marion L. Ward* Age, *3* M. D. Place and Date of Death, died at *North Chelmsford Aug 31 1901*Disease or Cause of Death,‡ *Charrhoea*

Duration of Sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
City Physician, *James L. McDuffy* M. D.
*Lowell*Date of Certificate, *Sept 1* 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH

OF

.....
at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Michael Holland Sex, _____ Color, _____

Date of Death, Sept 9 1901; Age, 86 Years, — Months, — Days.

Maiden Name, { If married, widowed } _____
or divorced. }

Husband's Name, _____

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Laborer

*Residence, { If out of town, } North Chelmsford
also state fully. }

Place of Birth, Ireland

*Place of Death, North Chelmsford Mass

Name of Father, Patrick Holland

Birthplace of Father, Ireland

Maiden Name of Mother, Unknown

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), St Patrick

Dated at Lowell Signature and place of business

on Sept 9 1901 of Undertaker. { J. H. McDermott
70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Michael Holland Age, 86 Y. _____ M. _____ D. _____

Place and Date of Death, died at North Chelmsford Mass Sept 1901

Disease or Cause of Death,‡ Old age

Duration of Sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Quinn Porter M. D.
of { 253 Central St
City Physician. }

Date of Certificate _____ I

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

201 Sept 10

RETURN OF THE DEAD

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at

Date,

Filed,

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Maria A Perham Sex, F Color, W.
Date of Death, Sept 28 1901 ; Age, 67 Years, 11 Months, 9 Days.
Maiden Name, { If married, widowed or divorced. } Maria A Byam
Husband's Name, David C. Perham
~~Single~~, Married, Widowed or Divorced, _____ Occupation, Housewife
*Residence, { If out of town, } Chelmsford
also state fully. {
Place of Birth, "
*Place of Death, "
Name and Birthplace of Father, Solomon E. Byam Westford
Maiden Name and Birthplace of Mother, Hannah M. Adams "
Place of Interment, (Give name of Cemetery), Forefather Cemetery
Dated at Chelmsford Signature and place of business of Undertaker, { Walter Perham
on Sept 28 1901, { Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Maria A Perham Age, 68 Y. 11 M. _____ D.
Place and Date of Death, died at Chelmsford Sept. 28 1901.
Disease or Cause of Death, ‡ { Primary, Pneumonia Duration, 5 days
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Amos Porter M. D.
253 Central
Date of Certificate, Oct 1 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190__.

Filed, _____ 190__.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued _____ written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Rec

247

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Julia M. Farley* Sex, _____ Color, _____

Date of Death, *Sept 30th* 190*1*, Age, *84* Years, _____ Months, _____ Days.

Maiden Name, { If married, widowed } _____
or divorced.

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, *at home*

*Residence, { If out of town, } _____
{ also state fully. }

Place of Birth, *Ireland*

*Place of Death, _____

Name of Father, *Lynn*

Birthplace of Father, *Ireland*

Maiden Name of Mother, *not known*

Birthplace of Mother, *Ireland*

Place of Interment, (Give name of Cemetery), *St Patrick's*

Dated at *Oct 2nd 1901* Signature and _____
place of business _____
of Undertaker. *J. J. Donnell*

on _____ I _____

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† *Julia M. Farley* Age, *61* Y. _____ M. _____ D. _____

Place and Date of Death, died at *West Chelmsford* *Sept. 30th* 190*1*

Disease or Cause of Death,‡ *Disease of Heart*

Duration of Sickness, *3 weeks*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { *F. E. Varney* M. D.
of _____
City Physician. *North Chelmsford*

Date of Certificate *Oct. 1st* 190*1*

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH

OF

at
Date, ...
Filed, ...

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person who is the possessor of a human body shall obtain the physician's certificate, and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Ellen Kearney* Sex, ... Color, ...Date of Death *Oct 1* 1901; Age, *70* Years, ... Months, ... Days.Maiden Name, { If married, widowed }
or divorced

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, *at Home**Residence { If out of town }
also state fully, *Chelmsford Center*Place of Birth, *Ireland**Place of Death, *Chelmsford Center*Name of Father, *Francis Kearney*Birthplace of Father, *Ireland*Maiden name of Mother, *Rose Ann Morrison*Birthplace of Mother, *Ireland*Place of Interment, (give name of cemetery) *St Patrick Cemetery*Dated at *Lowell Mass* Signature andon *Oct 1* 1901 place of business
of Undertaker { *James J. O'Donnell*
324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † *Ellen Kearney* Age, *70* Y, ... M, ... D.Place and Date of Death, died at *Chelmsford, Mass, Oct. 1, 1901.*Disease or Cause of Death, ‡ *Phthisis Pulmonalis -*Duration of Sickness. *8 yrs. +*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { *Arthur S. Scoboria* M. D.
of
City Physician { *Chelmsford, Mass.*Date of Certificate *Oct. 2* 1901.

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.



No.
RETURN OF THE DEATH

OF

.....

at.....

Date,..... I.....

Filed,..... I.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James Mellen Sex, Male Color, WhiteDate of Death, Oct 3 1901; Age, 67 Years, 3 Months, 19 Days.Maiden Name, { If married, widowed }
or divorced. }

Husband's Name, ...

Single, Married, Widowed or Divorced, MarriedOccupation, Shoe Maker*Residence, { If out of town, }
also state fully. }Chelmsford Mass

Place of Birth, ...

Vermont

*Place of Death, ...

Chelmsford Mass

Name of Father, ...

Ebenezer Mellen

Birthplace of Father, ...

Vermont

Maiden Name of Mother, ...

Pylinda Munson

Birthplace of Mother, ...

Vermont

Place of Interment, (Give name of Cemetery), ...

Edson CemeteryDated at LowellSignature and
place of business
of Undertaker. }on Oct 4 1901B. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased†

James Mellen Age, 67 Y. 3 M. 19 D.

Place and Date of Death,

died at Chelmsford Oct 3, 1901

Disease or Cause of Death,‡

Phthisis

Duration of Sickness,

Several years.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
City Physician.Amasa Howard M. D.
Chelmsford, Mass

Date of Certificate

Oct. 4th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

五〇

at

Date, ... I

Filed,.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECCIÓN 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the certificate required by section 11, to the clerk of the city or town in which the death occurred.

Rec

250

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Raymond T Vinal Sex, Male Color, whiteDate of Death, Oct 5 1901; Age, — Years, 7 Months, 20 Days.Maiden Name, { If married, widowed }
or divorced.

Husband's Name, ...

Single, Married, Widowed or Divorced, Single Occupation, ...*Residence, { If out of town, }
{ also state fully. } North ChelmsfordPlace of Birth, North Chelmsford*Place of Death, North ChelmsfordName of Father, John W VinalBirthplace of Father, Tingaboo MassMaiden Name of Mother, Mary E. BridgfordBirthplace of Mother, EnglandPlace of Interment, (Give name of Cemetery), North ChelmsfordDated at Lowell Signature andon Oct 5 1901 place of business
of Undertaker. { G. M. Young
33 Prescott St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Raymond T Vinal Age, — Y. 7 M. 20 D.Place and Date of Death, died at North Chelmsford Oct-5th 1901Disease or Cause of Death,‡ Pulmonary & Meningeal tuberculosisDuration of Sickness, two weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
City Physician.F E Varney M. D.
North ChelmsfordDate of Certificate Oct. 5th 1901

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

RETURN OF THE DEATH

OF

.....

at

Date, ... I

Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. . Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Abrahamson Victor	4
Anderson Anna B	46
Adams Charles W. S.	47
Alderton Alice A.	87
Alard Joseph A.	122
Adams Leighton Mellen	177
Adams Otis	179
Adamson Martha	201

Bales Olive	7
Boisvert Anna	12
Bondreau	38
Ryan Arzella Grace	40
Boisvert Frederick W.	45
Bibeault Florina	56
Battles John Quincy	78
Bartlett Harriet W.	106
Bell Arthur	119
Brown Eliza	142
Brown	204
Buntle Chester A.	207
Brown James	212
Boardman Hannah	216
Bell	220
Baum Wilnot A.	232
Bellrose Olive	237

Coolidge Ruth E	23
Carroll Adenore Louis	34
Cote	~~42~~
Callahan John	47
Callahan Neil	59
Casery Daniel W.	62
Curtis Thomas P.	88
Cummings Willard B.	96
Cote Mary	113
Cochran Deborah	116
Cheney Ora D.	123
Cross Mary Ann	128
Clarke Alfred A.	143
Chapin Arthur B.	185
Callahan Nellie	187
Callahan Ann	191
Cheley Harrison Warren	231
Collier Albert D.	243

D

E)

A
B
C
D

Duffy Margaret	6	Emerson Sarah P.	82
Dutton Henrietta M.	14	Emerson Henry H.	214
Duncan	17	Eaton Mary	218
DeBarteret Reginald A.	68	Eaton Henry E.	219
Dickey George R.	73		
Dawson	86		
Day George	97		
Dunn John	115		
Duffy Patrick	118		
Devine John	134		
Donovan Frank J.	148		
Duncan	152		
Doncette Mary Ellen	162		
Dawson Elizabeth	194		
Davis Riley	200		
Donahoe Thomas L.	206		
Donahoe Michael L.	228		
Salphond Maria	239		

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Handwritten text, possibly a date or short phrase, located in the lower center.

Handwritten text, possibly a signature or date, located in the lower left quadrant.

Handwritten text, possibly a signature or date, located at the bottom center.

G

Greenwood Annie	13
Glidden Nathaniel A.	23
Gallagher	30
Gay Ziba	33
Gauthier	35
Gray	58
Garvey Thomas J.	84
Garland Samuel J.	100
Gauthier Marie	127
Gale Sylvia E.	170
Gookin Mary A.	210
Gagnon Louis	221

E
F
G
H

H

Finnick Thomas J.	18	Howard Mary H.	15
Fanning William	29	Hall George B.	36
Fletcher Sarah M.	52	Hyde Charles	39
Fletcher Robert	71	Hogan Mary	124
Fellon Alfred G.	92	Hennlow	130
Folcensby Rose	104	Harrington	133
Farr Raymond E.	159	Hutchins Wealthy Emma J.	140
Fiske Mary L.	183	Holt Leon S.	149
Fiske Oliver	190	Hodson Henry R.	151
		Humphrey Sarah A.	160
		Hills Lizzie R.	161
		Holt Martha	169
		Holland Margaret	180
		Hartwell Lora M.	202
		Haggerty John	205
		Hurlbert	233

(over)

H.

Hall Louisa E.

240

Irish Emma

163

Kelley Catherine

9

Kilbourn Margaret

61

Kirch

70

Kennedy Harriet M.

109

Keiren Hugh

171

Kneeland William Adams

211

Jeffrey John J.
Josselyn Carrie A.
Johnson Abel D.

1

Leyden Sarah A.

5

90

Lemay Ralph G.

26

147

Loker Hannah

31

Lambert Mary Alice

32

Lambert Lucie

51

Lovering Edward H.

67

Lorrien Almira S.

83

Larkin Ellice

111

Lee

114

Linnbert Peter L.

121

Lafortune Delucia

145

Larkin Ellen

174

Longley Eliza

181

Lancroft, Mary Helen

195

Lambert Mizael

217

Lussier Mathilda

236

M.

Manseau Laura
 Meldrum Robert
 Merrill Henry A.
 Moore
 Mearns Henry
 Miller Viola R.
 Marsh Ann
 Mungovan
 Mullen Margaret
 Murray Patrick - -
 Morrill Albert

Mc

21	Mc Mahon Catherine	8
28	McLarney Anastasia V.	11
60	McEnnis	27
99	McEnaney Peter J.	49
102	Mc Phillips Helen	54
112	Mc Manus Francis	74
120	McConnell Alexander	80
126	McEnnis Edward	83
175	Mc Garvey James	91
234	Mc Blure William	110
242	Mc Mullan Rose A.	128
	Mc Cabe Terence	141
	Mc Enaney Terrence	192
	McNalley Sarah	199
	McGuinnis Hannah	203
	McEnaney Patrick	222
	McCarthy Helen	226
	McLarney Rose	238

N.

Nault Henry
Needham Maria L.

3

188

C

Odell Mary Jane
O'Hara Catherine A

M

Mc

N

O

75

196

M.

Mansau Laura
 Meldrum Robert
 Merrill Henry A.
 Moore
 Mearns Henry
 Miller Viola R.
 Marsh Ann
 Mungovan
 Mullen Margaret
 Murray Patrick - -
 Morrill Albert

MC

21	Mc Mahon Catherine	8
28	Mc Larny Anastasia V.	11
60	Mc Ennis	27
99	Mc Enaney Peter J.	49
102	Mc Phillips Helen	54
112	Mc Manus Frank	74
120	Mc Connell Alexander	80
126	Mc Ennis Edward	83
175	Mc Garvey James	91
234	Mc Blure William	110
242	Mc Mullan Rose A.	120
	Mc Cabe Terence	141
	Mc Enaney Terence	192
	Mc Nalley Sarah	199
	Mc Guinnes Hannah	203
	Mc Enaney Patrick	222
	McCarthy Helen	226
	Mc Larny Rose	238

N.

Nault Henry
Nedham Maria L.

3
188

C

Odell Mary Jane
O'Hara Catherine A

M
M^c
N
196 O

Proctor Henry B.	2	Robarge Alexander	10
Parlee Mary F.	20	Redmond William	22
Paige Sarah L.	24	Ripley Marion B.	43
Peasley Mary A.	37	Reno Percy	63
Perry Charles	41	Riley James	66
Parkhurst Mary E. B.	65	Ripley Garman R.	95
Perham Hannah H.	94	Ready Bridget	101
Peterson Alice C.	103	Richardson Noah Howard	108
Parkhurst	150	Reardon Michael	129
Perham David C.	157	Ryan John S.	156
Pierce Priscilla	167	Reed Sarah B.	165
Praegerast Delia	168	Rocheport Alice	166
Parkhurst George A.	172	<u>See next Page</u>	
Putnam Mary L.	176	Shamphair Charles	19
Penniman Robert -	213	Stevens Samson	50
Perry Abby -	215	Secord Laura B.	55
Parkhurst Fiske Ring	225	Santamon Frank	57
		Spaulding Mary A. D.	64
		Stevens Merrill S.	69
		Stevens Margaret	72
		Spaulding Julia A.	76
		Sutton Matilda	77
		Schiefle George F.	89
		Smith E. Bridge G.	98
		Spencer William F.	131
		Stevens William J.	132
		Snay Joseph	135
		Stam Thoma M.	137
		Shields Alice L.	138

Quist Carl A.
Quigley Elizabeth

107

189

Quist Carl A.
Quigley Elizabeth
Quinn William F.
Quinn William J.
Quay Joseph
Quam Thoma M.
Quills Alice L.

131

132

135

137

138

R

Richardson William 186

S,

Sutherland Maggie	139
Stackpole James A.	146
Sargent Luther H.	158
Salmon Clara A.	155
Sullivan Margaret	173
Spaulding Harriet A.	178
Spaulding Benjamin J.	193
Sheehan Mary	197
Sheehan	198
Symmes Almira W.	208
Stickney Sybil H.	209
Stuart John Lewis	224
Sweeter Mary Maria	227
Swift Robert H.	230
Spaulding Albert H.	241
Spaulding Elizabeth J.	244

T

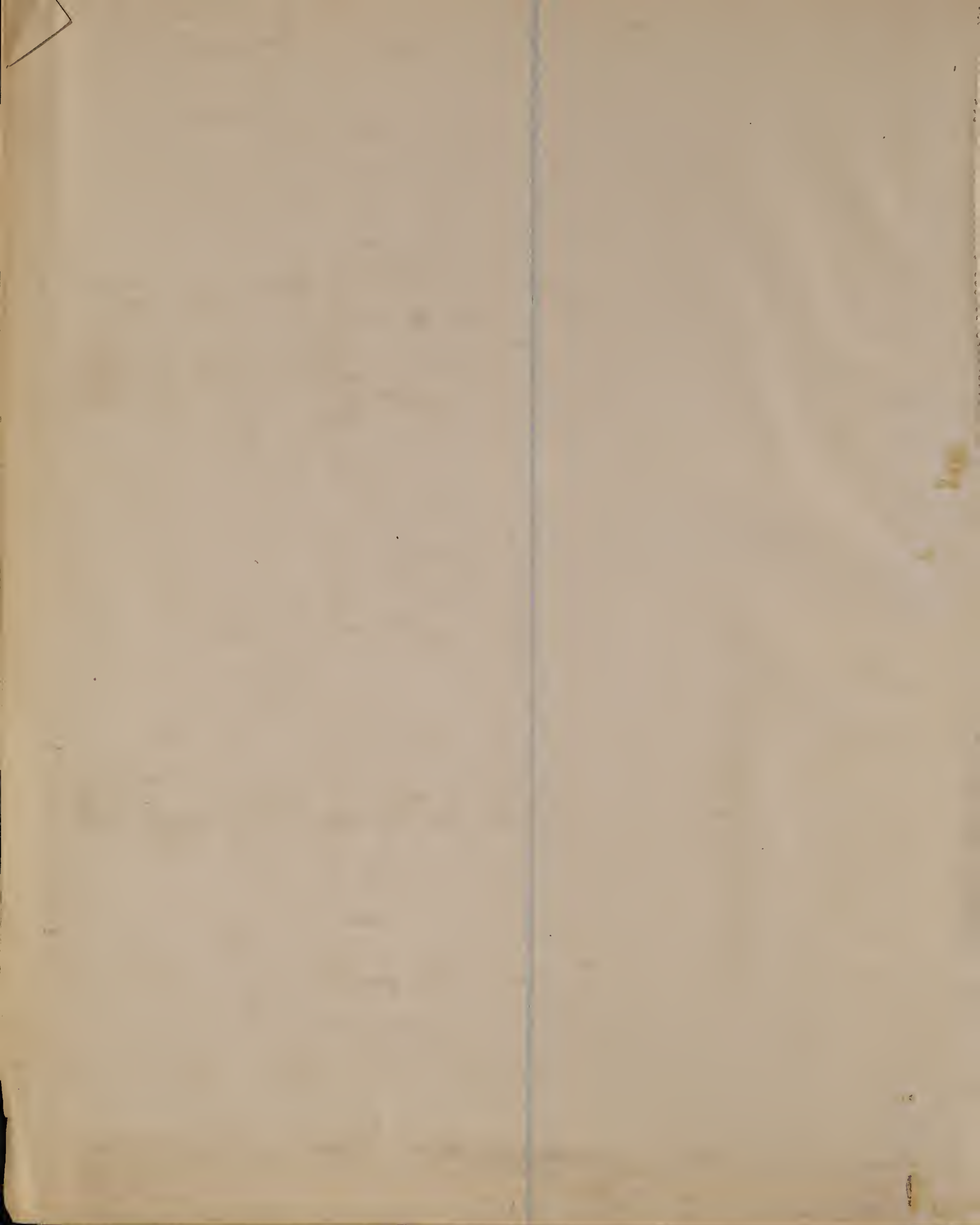
V

Tricket Mary F.	53	Verville Eva	1105
Trayer Homer E.	87	Vickery	117
Tremblay Florence	104	Verville Yvonne	144
Taylor William	182	Vinal Lizzie A.S.	235
Trinder George H.	223		

W

Westburg Frederick	16
Webster William H.	44
Walsh Alicia D.	79
Wright Hannah A.	93
Ward Helen E.	136
Whitman Charles W.	158
Wierkipp Clara B.	164
Wymann John H.	184
Welch Joseph	229

T
U
V



Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John H. Jeffroys Sex, Male Color, white
 Date of Death, Oct 15 1901; Age, 88 Years, 5 Months, 3 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, ~~Married~~, Widowed or Divorced, Widowed Occupation, Farmer
 *Residence, { If out of town, } West Chelmsford Mass
 also state fully.
 Place of Birth, Canada
 *Place of Death, West Chelmsford Mass
 Name and Birthplace of Father, unknown
 Maiden Name and Birthplace of Mother, " "
 Place of Interment, (Give name of Cemetery), West Chelmsford
 Dated at S Lowell Signature and place of business { B. M. Young & Co
 on Oct 16 1901 of Undertaker. { 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † John H. Jeffroys Age, 88 Y. 5 M. 3 D.
 Place and Date of Death, died at West Chelmsford Oct-15 1901.
 Disease or Cause { Primary, Hemiplegia Duration, 4 days
 of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F E Varney M. D.
 of { North Chelmsford
 Certifying Physician. {
 Date of Certificate, Oct-15 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Henry B Proctor Sex, M Color, W
 Date of Death, Oct 18 1901 ; Age, 82 Years, 6 Months, 16 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, ~~Married~~, Widowed or Divorced, _____ Occupation, Farmer
 *Residence, { If out of town, } Chelmsford
 also state fully.
 Place of Birth, _____
 *Place of Death, _____
 Name and Birthplace of Father, Asariah Proctor, Chelmsford
 Maiden Name and Birthplace of Mother, Suey Hodgeman
 Place of Interment, (Give name of Cemetery), Forefathers Cem.
 Dated at Chelmsford
 on Oct 18 1901 Signature and place of business of Undertaker. { Milton Perham
Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Henry B. Proctor Age, 82 Y. 6 M. 16 D.
 Place and Date of Death, died at Chelmsford Oct. 18th 1901.
 Disease or Cause of Death, † { Primary, Senile Debility Duration, _____
 Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Edward H. Chamberlin M. D.
183 Liberty St., Lowell, Mass

Date of Certificate, October 19th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Henry Nault Sex, Male Color, _____
 Date of Death, Oct 27th 1901 ; Age, 4 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } West Chelmsford
 also state fully. _____
 Place of Birth, Manchester N. H.
 *Place of Death, West Chelmsford Mass
 Name and Birthplace of Father, Geo Nault Canada
 Maiden Name and Birthplace of Mother, Julia Thran Canada
 Place of Interment, (Give name of Cemetery), Catholic Cemetery Lowell
 Dated at West Chelmsford Signature and place of business { Albert J Lowell
 on Oct 27th 1901 of Undertaker. Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Henry Nault Age, 4 Y. _____ M. _____ D. _____
 Place and Date of Death, died at West Chelmsford Oct-27 1901.
 Disease or Cause { Primary, Membranous Croup Duration, 24 hours
 of Death, † { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F E Varney M. D.
 of _____
 Certifying Physician. North Chelmsford

Date of Certificate, Oct-27- 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Recd Oct 27 Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Rec 4
Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Victor Abrahamson. Sex, M. Color, St.
Date of Death, Nov. 7 1890; Age, 2 Years, - Months, - Days.
Maiden Name, { If married, widowed }
or divorced. { }
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, } West Chelmsford, Mass.
also state fully. { }
Place of Birth, West Chelmsford, Mass.
*Place of Death, West Chelmsford, Mass.
Name of Father, Charles E. Abrahamson.
Birthplace of Father, Sweden.
Maiden name of Mother, Ada Charlott.
Birthplace of Mother, Sweden.
Place of Interment, (Give name of Cemetery), West Cemetery, West Chelmsford, Mass.
Dated at West Chelmsford, Mass. Signature and
on November 7 1890. place of business
of Undertaker. { At 4 Parkhurst
West Chelmsford, Mass. }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Victor Abrahamson Age, 2 Y. - M. - D.
Place and Date of Death, ‡ died at West Chelmsford Nov. 7, 1901.
Disease or Cause of Death, § Accidental Burning -
Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

W. Weigs, Associate Medical Examiner
160 Merrimack St. Lowell, Mass.

Date of Certificate, Nov. 7, 1901.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Nov. 8, 1901

No.
RETURN OF THE DEATH

OF

at
.....

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Sarah A. Bayden* Sex, ... Color, ...

Date of Death *Nov 15* 1901; Age, *37* Years, *6* Months, ... Days.

Maiden Name, { If married, widowed }
or divorced

Husband's Name, *Michael F. Bayden*

Single, Married, Widowed or Divorced, ... Occupation, *at home*

*Residence { If out of town }
also state fully, }

Place of Birth, ...

*Place of Death, ...

Name of Father, *Owen M. Grath*

Birthplace of Father, *Ireland*

Maiden name of Mother, *Mrs. M. Caber*

Birthplace of Mother, *Ireland*

Place of Interment, (give name of cemetery) *St. Patrick's cemetery*

Dated at *North Mass* Signature and

on *Nov 15* 1901 place of business
of Undertaker *James J. O'Sullivan*
324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † *Sarah A. Bayden* Age, *37* Y., *6* M., ... D.

Place and Date of Death, died at *North Chelmsford* *Nov. 15th* 1901

Disease or Cause of Death, ‡ *Bright's Disease of Kidney*

Duration of Sickness. *one year*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { *F E Varney* M. D.
of {
City Physician { *N. Chelmsford*

Date of Certificate *November 16* 1901

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH
OF
.....
at.....
Date,..... I.....
Filed,..... I.....

Acts of 1897, Chapter 414.
[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK ALL NAMES TO BE IN FULL.)

Name, Margaret Duffy Sex, _____ Color, _____
 Date of Death Nov 16 190 ; Age, 38 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed } _____
 or divorced
 Husband's Name, Thomas Duffy
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence { If out of town } North Chelmsford
 also state fully, { }
 Place of Birth, Ireland
 *Place of Death, North Chelmsford
 Name of Father, Patrick de Millay
 Birthplace of Father, Ireland
 Maiden name of Mother, Sarah de Babe
 Birthplace of Mother, Ireland
 Place of Interment, (give name of cemetery) St Patrick
 Dated at Somerville Signature and
 on Nov 16 190 place of business
 of Undertaker { J H Mc Dermott
70 Gorham

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Margaret Duffy Age, 38 Y. _____ M. _____ D. _____
 Place and Date of Death, died at North Chelmsford Nov 16 1901
 Disease or Cause of Death, ‡ Consumption
 Duration of Sickness. two years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence {
 of
 City Physician

F E Varney M. D.
N. Chelmsford

Date of Certificate Nov 16th 1907

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd Nov, 17

No.
RETURN OF THE DEATH
OF
.....
.....
at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 414.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Olive Bales Sex, Female Color, white
 Date of Death Nov 16 1901; Age, 80 Years, 10 Months, — Days.
 Maiden Name, { If married, widowed } Olive Blanchard
 or divorced
 Husband's Name, Samuel Bales
 Single, Married, Widowed or Divorced, Widow Occupation, at home
 *Residence { If out of town } North Chelmsford
 also state fully, Wilton N. H.
 Place of Birth, North Chelmsford
 *Place of Death, North Chelmsford
 Name of Father, Luther Blanchard
 Birthplace of Father, Milton N. H.
 Maiden name of Mother, Mary Kiniston
 Birthplace of Mother, Milton N. H.
 Place of Interment, (give name of cemetery) Wilton N. H.
 Dated at Lowell Signature and
 on Nov 16 1901 place of business
 of Undertaker { G. M. Young & Co
33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Olive Bales Age, 80 Y; 10 M, — D.
 Place and Date of Death, died at No. Chelmsford Nov 16. 1901
 Disease or Cause of Death, ‡ Endocarditis
 Duration of Sickness. 4 weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { G. A. Harlow M. D.
 of
 City Physician { Tyngsboro Mass

Date of Certificate Nov 17 1901

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Nov 18

No.
RETURN OF THE DEATH
OF
.....
at.....
Date,..... I.....
Filed,..... I.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Catherine M. Mahan Sex, ... Color, ...Date of Death, Nov 17 190 ; Age, 81 Years, ... Months, ... Days.Maiden Name, { If married, widowed }
or divorced

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence { If out of town }
{ also state fully, } North ChelmsfordPlace of Birth, Ireland*Place of Death, North ChelmsfordName of Father, not knownBirthplace of Father, " " Ireland

Maiden name of Mother, " "

Birthplace of Mother, IrelandPlace of Interment, (give name of cemetery) St. Patrick CemeteryDated at Lowell Mass Signature andon Nov 17 I place of business
of Undertaker { James F. O'Sullivan
524 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Catherine M. Mahan Age, 81 Y, ... M, ... D.Place and Date of Death, died at North Chelmsford Nov 17 1901Disease or Cause of Death, ‡ Bright's disease of kidneysDuration of Sickness. 2 or 3 years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { F. E. Varney M. D.
of {
City Physician { N. ChelmsfordDate of Certificate Nov. 18 1901

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH
OF
.....

at.....

Date,..... I

Filed,..... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

9

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Catherine Kelley Sex, _____ Color, _____Date of Death Dec 8 1901; Age, 65 Years, _____ Months, _____ Days.Maiden Name, { If married, widowed }
or divorcedHusband's Name, John

Single, Married, Widowed or Divorced, _____

Occupation, at Home*Residence { If out of town }
also state fully, Chelmsford CentrePlace of Birth, Ireland*Place of Death, Chelmsford CentreName of Father, UnknownBirthplace of Father, IrelandMaiden name of Mother, UnknownBirthplace of Mother, IrelandPlace of Interment, (give name of cemetery) St PetersDated at SomervilleSignature and
place of business
of Undertakeron Dec 8 1901J H Mc Dermott
70 Gouhan St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Catherine KellyAge, 65 Y. M. D.Place and Date of Death, died at Chelmsford, Mass., Dec. 8, 1901.Disease or Cause of Death, ‡ Phthisis Pulmonalis.Duration of Sickness. About 5 months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
City PhysicianArthur G. Scoboria

M. D.

Chelmsford, Mass.Date of Certificate Dec 9, 1901.

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Dec. 9 1901

No.
RETURN OF THE DEATH
OF

at
Date, ... I
Filed, ... I

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 11, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

10

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alexandre Robarge Sex, Male Color, White
Date of Death, Dec 10 1901; Age, 3 Years, 5 Months, - Days.
Maiden Name, { If married, widowed }
or divorced }
Husband's Name, -
Single, Married, Widowed or Divorced, - Occupation, -
*Residence { If out of town }
{ also state fully, } # Chelmsford Center, Mass.
Place of Birth, Chelmsford Center, Mass.
*Place of Death, Chelmsford Center Mass.
Name of Father, John Baptist Robarge.
Birthplace of Father, Canada
Maiden name of Mother, Caroline Lucier
Birthplace of Mother, Canada
Place of Interment, (give name of cemetery) St Joseph Cemetery
Dated at Lowell Mass Signature and
on Dec 10 1901 place of business
of Undertaker Joseph Albert
#57 Cheever

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Alexandre Robarge Age, 3 Y., 5 M., - D.
Place and Date of Death, died at Lowell Dec 10 1901
Disease or Cause of Death, ‡ measles with Comp
Duration of Sickness. 5 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence { Dr. J. B. White M. D.
of {
City Physician { 730 Massachusetts

Date of Certificate Dec 10 1901

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sallor in the War of the Rebellion, give both Primary and Secondary Cause.



Rec Dec 10

No.
RETURN OF THE DEATH
OF

.....

at.....

Date,..... I.....

Filed,..... I.....

Acts of 1897, Chapter 414.
[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rockwell

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Anastasia V Mc Larney Sex, ... Color, ...
Date of Death Dec 15 190 1; Age, 18 Years, ... Months, ... Days.

Maiden Name, { If married, widowed }
or divorced

Husband's Name, ...

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, ... Occupation, ...

*Residence { If out of town }
also state fully,

Place of Birth, Lowell

*Place of Death, Chelsea

Name of Father, James A Mc Larney

Birthplace of Father, Lowell

Maiden name of Mother, Rose Mc Nally

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Patrick

Dated at Lowell Signature and

on Dec 16 190 1 place of business
of Undertaker { J H Mc Dermott
70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Age, 18 Y, ... M, ... D.

Place and Date of Death, died at I

Disease or Cause of Death, † Phthisis

Duration of Sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence M. D.
of
City Physician

Date of Certificate Dec 16 190 1

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH
OF
.....
.....
at.....
Date,..... I.....
Filed,..... I.....

Acts of 1897, Chapter 414.
[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Anna Boisvert Sex, Female Color, White
 Date of Death Dec. 20 1901; Age, 2 Years, ... Months, ... Days.

Maiden Name, { If married, widowed }
or divorced

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence { If out of town }
also state fully

Place of Birth, ...

*Place of Death, ...

Name of Father, ...

Birthplace of Father, ...

Maiden name of Mother, ...

Birthplace of Mother, ...

Place of Interment, (give name of cemetery)

Dated at, ...

on, ...

Signature and
place of business
of Undertaker

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased †

Place and Date of Death,

Disease or Cause of Death, ‡

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence {

of

City Physician {

Date of Certificate

M. D.

Agent Board of Health.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.
RETURN OF THE DEATH
OF

.....

at.....

Date,..... I.....

Filed,..... I.....

Acts of 1897, Chapter 414.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

13

FORM C.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Annie Greenwood Sex, _____ Color, _____
Date of Death, Dec. 20 190 / ; Age, 2 Years, 4 Months, 1 Days.
Maiden Name, { If married, widowed } _____
or divorced. {
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, } West Chelmsford, Mass.
also state fully, {
Place of Birth, Westford, Mass.
*Place of Death, West Chelmsford, Mass.
Name and Birthplace of Father, Albert Greenwood, Canada
Maiden Name and Birthplace of Mother, Margaret Egan, Ireland
Place of Interment, (Give name of Cemetery), R.C. Catholic, Lowell Mass
Dated at West Chelmsford, Mass. Signature and place of business of Undertaker, { J. G. Parkhurst
on 20th Day of Dec 190 / { West Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Annie Greenwood Age, 2 Y. 4 M. _____ D. _____
Place and Date of Death, died at West Chelmsford Dec 20 190 / .
Disease or Cause of Death, † { Primary, Diphtheria Duration, Eight
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { F E Varney M. D.
West Chelmsford
Date of Certificate, Dec 20 190 / .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190____.

Filed, _____ 190____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Henrietta M. Dutton Sex, F Color, W.
 Date of Death, December 28 1901; Age, 63 Years, 9 Months, 18 Days.
 Maiden Name, { If married, widowed or divorced: } Henrietta M. M^c Guester
 Husband's Name, Engine W. S. Dutton
 Single, Married, Widowed or Divorced, _____ Occupation, Stone Cutter
 *Residence, { If out of town, also state fully. } N. Chelmsford Mass.
 Place of Birth, Manchester, New Hampshire
 *Place of Death, N. Chelmsford Mass.
 Name and Birthplace of Father, Temple M^c Guester, Litchfield N. H.
 Maiden Name and Birthplace of Mother, Betsy Phelps, Groton N. H.
 Place of Interment, (Give name of Cemetery), N. Chelmsford, Riverside Cemetery
 Dated at N. Chelmsford Mass. Signature and place of business of Undertaker, { John Mariucci, N. Chelmsford Mass.
 on Dec 28th 1901

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Henrietta M. Dutton Age, 63 Y. 9 M. 18 D.
 Place and Date of Death, died at N. Chelmsford - Dec 28 1901 -
 Disease or Cause of Death,† { Primary, Cerebro-Spinal Meningitis Duration, 7 weeks
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.F E Varney

M. D.

N. ChelmsfordDate of Certificate, Dec 28 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Recd Dec. 30 / 01

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

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SECTION 5. Penalty for violation not exceeding fifty dollars.